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Board and Committee Citizen Participation

Users of a Planned Parenthood Clinic System

Effects of Reduced Fares for the Elderly

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Citizen Participation on Public Welfare Boards and Committees

Edward J. O'Donnell and Otto M. Reid

Citizen participation in general and consumer participation in particular are no longer questions of whether but of how and with what consequence. The participation of lay citizens—on boards and committees—in public welfare has a long history, and though such participation by public assistance recipients is a recent, and more problematic, phenomenon, it appears to be here to stay.[1] To date, however, the extent and impact of such participation have not been subjected to systematic study.

To shed some light on these issues, the American Public Welfare Association, in 1970, under contract to the Division of Intramural Research of the Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, conducted a survey of local public welfare boards and committees—the most recent and most extensive study of citizen and recipient participation yet undertaken.[2] Its broad aim was to investigate the extent to which citizens—particularly low income persons and the recipient of services—are participating in the work of State and local public welfare boards and committees and the consequences of their participation. Preliminary data are now available and are the subject of this article.

Following a survey of State departments of public welfare, a sample of 750 local departments was drawn from a list of over 2,800 eligible agencies. The sample was stratified by State, the selection of local departments being proportional to the State's population and, within the State, proportional to the population of the area served. A mail questionnaire was sent to each administrator in the sample, 458 of whom completed and returned the questionnaire for a response rate of 60 percent. It is on data gathered from these responses that the present article is based.

Generally speaking, half of the States have their local welfare departments directly *administered* by the State agency through State employees. The other half are *supervised* by the State—that is, local departments are administered under State mandates. These general categorizations, of course, grossly over-simplify the complex patchwork of city, county, and district organizational arrangements; nevertheless, the extent to which local public welfare departments are State administered or State supervised does provide a useful perspective on the board-committee structures within which citizen and recipient participation takes place.

Public welfare boards and advisory committees

Table 1 indicates the number of boards and committees among local departments of public welfare and the distribution of such boards and committees according to whether they are State administered or State supervised. In anticipation of the data, a *board* seems to be defined in the main as a group of people who set policy for and a *committee* as a group of people who give advice to the agency. As our data will point up, this distinction is not uniformly accepted. Though major functions remain fairly constant, boards and committees will often resemble one another.

Perhaps the most striking fact shown in table 1 is that nearly a quarter (24 percent) of the agencies report that

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they have neither a public welfare board nor an advisory committee, though a fifth (19 percent) report having both. More than a third (36 percent) report having a board only, a fifth (20 percent) a committee only. Generally, then, more than half (55 percent) report having boards, four in 10 (39 percent) committees. More than six in 10 (62 percent) of the State-supervised agencies report having boards, in contrast to just half (50 percent) of the State-administered agencies. Some four in 10 have committees whether they are State administered (41 percent) or State supervised (42 percent). Also, proportionately more State-administered agencies have only an advisory committee, and proportionately more State-supervised agencies have both a board and a committee.

Table 1. Percent of local boards and committees, by organizational relationship of State to local departments of public welfare

Board or committee	Total	State administered	State supervised
	(Percent)	*(Percent)*	*(Percent)*
Board only	36	38	35
Committee only	20	29	15
Both board and committee	19	12	27
Neither board nor committee	24	21	22
Total N[1]	(458)	(196)	(215)

[1] *The discrepancies in the total N's and percentages are due to the approximately 4 percent of the sample of agencies that reported an organizational arrangement other than State administered or State supervised. Though the boards and committees under this "other arrangement" are not shown in the table, they have been included in the total.*

Comparison of boards and committees

What follows is a description of the activity, operation, and membership of boards and committees, together with some indication of their effect on the services of local departments of public welfare. As will become clear, these data are presented by board-committee structure (that is, by whether an agency has one or the other or both) because of the apparent differences in findings among agencies with different structures. Again, in anticipation of the data, it would seem that the usual distinctions between boards and committees do not hold consistently. For example, when agencies have only a board or only a committee, the one takes on some of the coloration of the other. Though it is difficult to generalize, it does seem that when agencies have both a board and a committee, the distinct characteristics of each are much more likely to show up than when they have only one or the other. At no time, however, does the blurring of board and committee distinctions extend to their functions—their forms may change but not their anchor functions of establishing policy for boards and giving advice for committees.

Establishment

More than three of every four boards were established 30 or more years ago. Committees are a much more recent phenomenon, a fourth having been established within the past year and more than half within the past 5 years. Committee age, however, varies greatly with whether a particular agency has a committee only or both a board and a committee. Among the agencies having only a committee, a third (34 percent) were established within the last 5 years, but close to half (46 percent) 10 or more years ago. Conversely, among public welfare agencies with both a board and a committee, more than eight of every 10 (85 percent) were established within the part 5 years, and fewer than one in seven (14 percent) are 10 or more years old. Apparently, in agencies without boards of public welfare, committees were formed at a much earlier point in time. Where there were such boards, however, committees were not established until relatively recently, probably in response to the increased emphasis placed on consumer participation and recipient representation in the past few years.

Most boards, nine of every 10 (90 percent), were established by statute; most committees by statute (45 percent) or administrative order (31 percent). Again, the board-committee structure makes a difference: more than six in 10 (62 percent) of the committees where no board exists were established by statute, as compared to the one in four (25 percent) established by statute where both board and committee exist. Half (50 percent) the committees where both exist were established by administrative order, as compared to the three in 10 (30 percent) similarly established where no board exists.

Relationship to the agency. Administrators of local departments of public welfare work with boards and committees in various ways. In general, they are much more active with boards than with committees. Over half plan board meeting agenda (57 percent), serve the board in a staff capacity (56 percent), and work with the board

chairman on setting dates for meetings and developing agenda (53 percent). Only a fourth (24 percent) serve as actual or ex officio board members. In this instance the board-committee structure makes no substantial difference (administrators work with boards in roughly the same way whether or not the agency also has a committee). Where their relationship to committees is concerned, however, the board-committee structure does seem to make a difference—at least for some of the administrators' functions. Though less than half (43 percent) the administrators work with committee chairmen to set meeting dates and develop agenda when the agency has both a committee and a board, fully seven of every 10 (70 percent) work with committee chairmen when there is no board. The administrator is much less involved with the committee than with the board in planning agenda (18 percent) and setting dates for meetings (16 percent). Yet he is more likely to serve as a regular or ex officio member of a committee (37 percent) than of a board (24 percent).

Though only a fourth (26 percent) of the boards never meet without the administrator, more than half (51 percent) the committees do. And though the department's board-committee structure does not affect whether the board meets without the administrator, it does affect committees, inasmuch as more than half (51 percent) never meet without the administrator where they operate alone, but only a third (34 percent) never meet without the administrator when they operate with boards. Moreover, though fewer than one in 10 committees (6.5 percent) frequently or always meets without the administrator when the agency has only a committee, as many as three in 10 (29 percent) of the committees with boards meet frequently or always without the administrator. In general, then, administrators are much more likely to attend board than committee meetings and much more likely to attend committee meetings when there are no boards than when there are.

Agency staff members are much less likely to provide services to boards than to committees. Though less than half (46 percent) of the boards are provided staff services, nearly seven of 10 committees (69 percent) are provided such services. In general, administrators are more likely to serve board needs, agency staff members committee needs.

Tenure. Board members serve longer terms than committee members: more than a third (35 percent) of all board members serve 3-year terms, and more than four in 10 (41 percent) 4-year or longer terms. In contrast, only a fourth (24 percent) of the committee members serve 3-year terms, and just over one in 10 (11 percent) serve terms of 4 years or more. Again, board-committee structure makes a difference: though nearly a third (32 percent) of board members serve 5 or more years when there is no committee, less than 9 percent of members serve terms that long on boards when there is also a committee. A fifth (21 percent) of the committee members serve terms of 4 or more years when there is no board, but less than a 10th (6 percent) serve like terms when there is also a board. For both boards and committees, members serve longer terms when one or the other operates alone than when an agency has both a board and a committee.

Public officials or governing bodies—either State (39 percent) or local (33 percent) or the agency board of commissioners or supervisors (31 percent)—usually appoint board members and are also involved in appointing committee members, but to a lesser extent. Apparently, the public welfare administrator himself has relatively more responsibility for appointing committee members than he does for board members. Members of more than a fifth (22 percent) of the committees are appointed by administrators in sharp contrast to only 5 percent of the boards. Again, there is great variation according to board-committee structure—particularly for the appointment of committee members. For example, though a fifth (20 percent) of the committee members are appointed by local public officials when there is no board, nearly half (48 percent) are so appointed when there is both a committee and a board. And though a third (34 percent) of the committee members are appointed by State officials when there is no board, only 2 percent of the committee members are so appointed when there is both a committee and a board.

In general, both board and committee members are eligible for reappointment. Virtually all members are eligible for reappointment when the agency has either a board or a committee, and about nine of every 10 are eligible when the agency has both.

Most boards and committees arrange to rotate members so that terms overlap. Members of nearly eight of every 10 (79 percent) boards and seven of every 10 (67 percent) committees have overlapping terms.

Orientation and schedule. Boards expend more effort in orienting members to their policies and procedures than committees—at least to the extent of more formal orientation. Most boards (62 percent) and committees (65 percent) orient members by providing periodic reports and other background materials. Half (52 per-

cent) the boards, but only a quarter (25 percent) of the committees, provide manuals for their members. Altogether over a 10th of board (15 percent) and committee members (11 percent) are oriented through visits to recipients' homes with agency workers. On this issue, as with others, agency methods vary according to board-committee structure. Board members, for example, are provided manuals by nearly six of 10 boards (58 percent) where there is no committee, but by only four of 10 boards (40 percent) where there are both. Similarly, committee members are provided manuals by nearly four of 10 committees (39 percent) where there is no board, but by only a 10th (10 percent) where there are both. When either exists alone, the local agency is much more likely to acquaint its members with agency policy and program through a board or committee manual than when both exist in the same agency.

Boards appear to be more active than committees. For instance, they meet more frequently than committees: more than seven of 10 boards (72 percent), as compared with just over half (51 percent) the committees, meet at least once every month. Though there is some variation in the frequency of meetings by board-committee structure, it is not substantial. Boards meet slightly more frequently when the agency also has a committee, and committees when they function alone.

Membership and composition. Boards are much smaller than committees. Six of every 10 committees (61 percent) have 10 or more members; only 4 percent of the boards are as large as that. Most boards (57 percent), in fact, have five or fewer members, but nearly half (48 percent) the committees have between 10 and 15 members. Size of membership does not vary appreciably by board-committee structure.

Apparently, the composition of most boards (72 percent) and committees (81 percent) is specified; that is, certain criteria are applied in the selection of members or in achieving an appropriate mix of members. A fifth of all boards (20 percent) and committees (23 percent) are guided by certain statutes, laws, or State regulations in the appointment of members. Boards appear to be relatively more political than committees: though 16 percent of all boards require member representation from both major political parties, only 6 percent of the committees have this requirement. Moreover, though criteria regarding sex, geographic location, or occupation are applied in a fifth (20 percent) of the board appointments, they are applied in only a 10th (9 percent) of the committee appointments. Similarly, though the number of members is specified for a fifth (19 percent) of the boards, it is specified for only a 10th (11 percent) of the committees.

Perhaps the most important issue here is the differential consideration given to the necessity for consumer representation and citizen participation. Though more than a third (36 percent) of the committees specify the appointment of recipients or low income persons, hardly any (less than half of 1 percent) of the boards require such representation.

Neither committees nor boards specifically require a great deal of participation by lay citizens, though committees have such a requirement much more frequently than boards (14 percent, as opposed to 2 percent). Again, this varies according to board-committee structure—particularly among the criteria applied to committee composition.

Recipient representation. So far our discussion has concerned only those criteria that, by report, are used by most agencies whose board and committee memberships are specified. But what of actual agency practice and, particularly, the inclusion of recipients and low income persons on boards and committees?

Data on the extent of participation by present or former public assistance recipients are presented in table 2. These figures indicate that recipient representation practices among local departments of public welfare vary considerably. Recipients are much more likely to serve on committees than on boards and most likely to serve on committees when agencies have both boards and committees. Thus, though more than six in 10 (63 percent) of the committees count present or former recipients among their members, only 6 percent of the boards do.

How can we account for this great difference? As we have just seen, though the representation of recipients or low income persons was one of the criteria used in constituting advisory committees, little or no mention

Table 2. Percent of local boards and committees with public assistance recipients, by board-committee structure

Structure	Percent with public assistance recipients
Boards with recipients	
Board only	4
Both board and committee	10
Committees with recipients	
Committee only	54
Both board and committee	84

was made of efforts to include recipients or low income persons on boards. And though such specification would seem to account for the differential involvement of recipients on boards and committees—at least in part—a significant difference turns up concerning the specified composition of advisory committees between agencies with only a committee and those with both a board and a committee. As pointed out, more than a third of all committees call for the representation of recipients or low income persons. But, though more than half (53 percent) of the agencies with both a board and a committee mention recipient or low income representation as one criterion for committee membership, less than a fifth (18 percent) of those with only a committee report such representation as necessary in their committee composition.

Though the administrators do not appear to be very influential in the process of selecting board and committee members, data on their attitudes toward recipient representation are, nevertheless, important.

As seen in table 3, most public welfare administrators believe that the representation of present or former recipients on boards and committees is a "good idea," principally for these reasons:

The recipient has a better understanding of the problems involved because of his experience (29 percent).

The board or committee becomes more aware of the problems through the participation of the recipient (19 percent).

Better agency policies and programs result from recipient representation (14 percent).

Table 3. Percent of local public welfare administrators who feel recipient representation is a good idea, by board-committee structure

Structure	Percent saying good idea
Committee only	96
Both board and committee	91
Neither board or committee	86
Board only	75

Though most administrators seem to favor the idea, the extent to which they favor it varies according to agency board-committee structure—in this instance whether the agency has only a board, only a committee, both a board and a committee, or neither.

Table 3 shows that though more than nine of every 10 administrators of agencies with a committee favor the idea, fewer administrators whose agencies have neither a board nor a committee and only three of every four with only a board think that recipient representation is a good idea.

Participation of low income persons. Data were also collected on the extent to which low income persons (excluding recipients) are included in boards and committees. The major findings are shown in table 4.

Table 4. Percent of local boards and committees with low income persons, by board-committee structure

Structure	Percent with low income persons
Boards with poor people	
Board only	25
Both board and committee	14
Committees with poor people	
Committee only	52
Both board and committee	50

Here, again, the data indicate that low income persons are much more likely to be included on committees than boards. However, the extremes of their participation are not so evident as that of recipients. Low income persons are more likely to be included on boards than recipients, but recipients are more likely to be included on committees. In contrast to the situation of recipient participation when the agency has only a board, more low income persons than recipients are included on boards when the agency has both. As to participation on committees, both low income persons and recipients are represented on roughly half the committees where agencies have no boards; recipients are represented on 84 percent of the committees where agencies have both a board and a committee; but poor people are represented on only half the committees where the latter structure obtains.

The preceding section has described the extent to which recipients and low income persons are represented on boards and committees. We now turn to the actual number of recipients or low income persons represented on boards and committees, as reported by the administrators. Table 5 shows that most agencies report having no recipients or low income persons serving on their boards. The relatively few that do have one or two

at most. Committees, however, are much more likely than boards to have such representation and, when they do, to have more members.

Table 5. Percent of local boards and committees with selected numbers of assistance recipients and poor people, by board-committee structure

Participants	Boards		Committees	
	Board only	Board and committee	Committee only	Committee and board
Recipients				
None	98	92	49	16
1	2.1	5.9	18	8
2 or more . . .	--	2.4	32	76
Low income persons				
None	76	87	57	51
1	11	8.4	16	16
2 or more . . .	13	4.8	27	33

Again, the board-committee structure greatly affects the number of recipients participating on boards and committees. Though the number of recipients on boards is very small indeed, nearly a third (32 percent) of the committees where there are no boards and fully three of four (76 percent) committees where there is also a board include two or more recipients.

Board-committee structure does not seem to be particularly significant in determining the extent to which low income persons participate on either boards or committees. Though there are more low income persons on boards when the agency has only a board, many more low income persons participate on committees, regardless of structure: about three in 10 have two or more low income persons serving on them.

TO RECAP BRIEFLY: Low income persons and public assistance recipients in particular are not well represented on boards. In fact, low income persons serve on fewer than a fourth and recipients on fewer than a 10th of all boards. And where they do serve on boards, more often than not, they are the only such representatives. Low income persons and recipients in particular are more frequently represented on committees; more than half of all committees have such representation. Not only are recipients and low income persons more likely to serve on committees than boards, they are also more likely to serve in much greater numbers.

Compensation. The compensation available to board and committee members does not appear to be substantial. About a fifth (19 percent) of the boards and committees pay transportation expenses only. A fourth (26 percent) of the boards and almost none–six percent–of the committees provide per diem and pay transportation expenses.

Substantial or not, board members are more likely than committee members to receive compensation. Though nearly six in 10 (57 percent) boards compensate their members, just over four in 10 (42 percent) of the committees do. Moreover, of those that do compensate members, proportionately many more boards than committees compensate all members. Considering the differential involvement of recipients and low income persons in boards and committees, the lesser compensation afforded committee members no doubt discourages their further participation.

Board-committee structure seems to affect whether members are compensated, inasmuch as eight of 10 boards (79 percent) and nearly six of 10 committees (57 percent) where an agency has both compensate some or all of their members, as compared with nearly six of 10 boards (57 percent) and just over four of 10 committees (42 percent) where they operate alone.

Function. Boards and committees differ in the functions they perform. Among the most frequently mentioned board functions are these: hiring and supervising staff members (39 percent), making policies and changes regarding agency operations (36 percent), approving the spending of all funds (30 percent), and providing general consultation (26 percent). In sharp contrast, the most frequently mentioned functions of committees are these: giving advice regarding agency operations (47 percent), interpreting programs to and communicating with the public (39 percent), and reviewing and analyzing current programs and services (31 percent). These facts add up to this conclusion–the board's primary role is to make policy, the committee's to give advice. Though agency board-committee structure does not affect board functions, it does affect committee functions, apparently.

A greater percentage of the committees that function without boards offer advice and counsel (59 percent) and interpret programs for the general public (53 percent) than the percentage of committees that func-

tion with boards (for committees 36 and 24 percent). As to the review and analysis of programs and services, however, a greater percentage of committees with boards (34 percent) perform this function than those without boards (27 percent). However, the major functions performed for the agency differ less among committees than between committees and boards.

Agency administrators were also asked whether boards and committees should be performing these or other functions as well as making policy and giving advice. Generally speaking, four in 10 administrators are satisfied that boards (38 percent) and committees (43 percent) are doing what they should be doing. Otherwise, they reconfirm boards as policymakers and committees as interpreters—more than a 10th reinforcing these functions for boards (15 percent) and advisory committees (13 percent).

Impact on agency services. Boards have had a greater effect on agency day-to-day services than committees—at least in the administrators' judgment. Though nearly seven of 10 boards (68 percent) have reportedly had a noticeable effect, less than half the committees (46 percent) have. Moreover, though there are no differences among committees according to board-committee structure, there are such differences among boards. Though nearly eight of 10 boards (78 percent) with both a board and a committee are judged to have a noticeable effect, only 65 percent of the boards without committees are similarly evaluated. Very few administrators (no more than 5 percent) report any adverse effects on agency services, but when they do report adverse effects, administrators attribute them to boards not committees—again, a reflection of the greater power of boards.

Boards and committees also have different effects on day-to-day services—not so much because they affect different aspects of agency operations but because boards seem to be more influential than committees "across the board." For example, though more than four in 10 boards (43 percent) have developed community interest in and support for the agency, only a third of the committees (33 percent) have developed such interest; and though nearly four in 10 boards (39 percent) have enlisted resources outside of the agency to meet recognized need, less than three in 10 (28 percent) of the committees have had the same effect. Similarly, though nearly four in 10 boards (38 percent) have been effective in supporting agency and program needs with the State legislature and governor's office, less than a fifth of the committes (18 percent) have had this same success. And, finally, though a third of the boards (34 percent) have innovated agency operations to improve services, less than a fifth of the committees (18 percent) have been similarly involved and effective.

Among the questions asked of advisory committees but not of boards are three that also bear on the issue of effectiveness. Two concern the suggestions and recommendations committees make to boards; the third concerns the effects of citizen advisory groups on State welfare programs.

The first two questions are these: Are they helpful? and Are they followed? Responses necessarily come from administrators of agencies where boards and committees both operate and, more specifically, where committee suggestions and recommendations are actually made to the board. More than nine of 10 of the 76 administrators (93 percent) who responded to this question characterize the committee suggestions and recommendations as helpful—14 percent saying they are "always helpful," only 7.1 percent saying they are "not usually helpful." Yet, though nearly three of 10 administrators (28 percent) say that such suggestions and recommendations are "very often" followed and nearly half (48 percent) that they are "fairly often" followed, nearly a quarter (24 percent) say that such suggestions and recommendations are "not very often" followed. Thus, though the bulk of committee suggestions and recommendations are characterized as helpful, they are not followed and implemented by the board to the extent of their presumed helpfulness.

The third question, that concerning the effects of citizen advisory groups on State welfare programs, in general brought positive responses. A fourth (24 percent) of the administrators say that the effect of such activity will be a better informed and understanding public, and a fifth (19 percent) say that the effects will be better policies, programs, and increased benefits. The last response varied considerably by board-committee structure, inasmuch as three of 10 administrators (30 percent) of agencies with both a board and a committee held this opinion, but only a little more than a 10th of the agency administrators with only boards (14 percent) and only committees (12 percent) had this view.

Of more pertinence, perhaps, is the fact that nearly a fifth of all administrators (18 percent), regardless of board-committee structure, think that citizen advisory groups will have little or no impact on State welfare programs.

Summary and conclusions

Generally speaking, boards and committees are different—they have different forms and functions. The data developed in this study, as reported here, detail these differences. And though there are differences between the forms that boards take according to whether or not a committee operates in relation to them, such differences are not so great as those between committees that operate alone and those that operate in relation to a board—and perhaps none of these are so great as the fundamental differences between boards and committees.

In those agencies with a committee only, the committee often takes the form of a board and in many respects resembles one. But at no point does a committee actually take over the policymaking functions usually ascribed to the board—if anything, the committee that exists without a board is reinforced in its unique role as adviser. The committee that operates with a board is perhaps very different—certainly from the board but also often from the committee that stands alone—again, however, in form only, not function.

The differences between boards and committees in brief are these:

- Boards are older than committees.
- Boards are more often established by statute and less often by administrative order.
- Boards bear a different relationship to administrators—for board administrators more often plan agenda, set dates for meetings, and serve in a staff capacity.
- Boards are less likely to meet without the administrator present.
- Boards are less likely to be served by staff members.
- Board members serve longer terms than committee members.
- Boards are smaller than committees.
- Boards are less likely to have recipient representation and participation by poor persons.
- Boards are more likely to compensate all members and more likely to provide per diem and transportation expenses.
- Boards are more likely to have an effect on agency services and more likely to be innovative and improve agency operations.
- Boards make policy; committees make recommendations.

Of these differences the last is the most important. In this connection, it is well to recall the data given on recipient representation and the participation of low income persons on public welfare boards and committees. Though low income persons and public assistance recipients are in a position to advise and recommend, they are in no position to make policy—low income persons speak with a whisper, recipients have no voice at all.

The future of an idea

Citizen participation and recipient representation (the more radical of the two) are ideas that have generated a corps of enthusiastic supporters and have found their way into official policy. The idea of the "maximum feasible participation" of the poor in the War on Poverty was perhaps the most celebrated and controversial implementation of these ideas, but they also found expression in directives from the Social and Rehabilitation Service of the U.S. Department of Health, Education, and Welfare, to State and local welfare department to involve public assistance recipients, low income persons, and other lay citizens in the work of their boards and committees. The present study shows the limited extent to which these ideas have been implemented to date. But is the present situation only a way station in the relentless sweep of the idea to ultimate realization, or does it already represent the high water mark, to be followed by an inevitable ebbtide?

If recipient participation means, as some of its most ardent advocates believe, that recipients will assume essential control of the organizations designed to serve them—the answer seems to be that the idea is on the ebb. The current deemphasis on such participation at the Federal level seems to be reflected in the caution public welfare agencies and administrators are exercising in ensuring that control of policy and of agency operation be retained by the appropriate "officials" and professional persons. But, if recipient participation means that more attention will be given in the future to ensuring that professional workers and the agencies in which they operate make provision for enabling the recipient to speak, at least to them, then, in our opinion, the agencies serving the public will more and more implement this idea. To what extent the recipient will be heard is still another issue. The administrators and the agencies they represent seem to us to be saying that the agency must listen to the recipient, that he can considerably improve the functioning and effectiveness of the agency, but that agency officials must be the persons who make the ultimate and critical decisions. This is the direction we guess that welfare departments,

and perhaps most agencies serving the public, will be moving—at least in the immediate future.

But we may be wrong. Perhaps the public mood of caution and consolidation of social inventions and innovations is at an end. The Nation may be ready to press on—to return a measure of power to the people, in this instance poor people. Americans may be ready to turn increasingly to low income persons and recipients to provide them with real opportunity to participate in decisions that affect them deeply. But low income persons and recipients will never be decisionmakers unless they become members of boards, where decisions are made and where they can have the most impact (at least within the system). To insure that they do get on boards and that they make themselves felt, public welfare agencies must take these steps:

- They must actively seek recipients and other poor persons for positions on boards and sustain them in their roles as decisionmakers once they are on boards. It is not enough to make such opportunities passively available.

- Recipients and other poor persons must be given the means by which to participate actively and effectively—that is, it must be made as "worthwhile" for them to participate as it is for other members of such boards. In many instances they will have to receive per diem and expense money.

IF PUBLIC ASSISTANCE RECIPIENTS and other poor persons are going to "get on board," room will have to be made for them. Power is not so easily shared or surrendered—but certainly some "on board" are ready to make way. Others may yet be pushed or persuaded to move over and make room for the people they serve. May they be so persuaded!

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[1] *See Edward J. O'Donnell and Catherine S. Chilman, "Poor People on Public Welfare Boards and Committees: Participation in Policy-Making?"* Welfare in Review, *May-June 1969, pp. 1-10, for an analysis of the potential for such participation.*

[2] *Virginia R. Doscher was the principal investigator at the time of the conception and design of the study. Elizabeth G. Watkins, staff associate of the American Public Welfare Association, has now assumed this responsibility. The data collection and analysis were undertaken by Opinion Research Corporation of Princeton, N.J.*

Active and Dropout Patients of a Planned Parenthood Clinic System

Martha Williams

One long-standing method of attacking the problem of over-population in the United States is the community family planning clinic. Most cities in the country are served by such clinics, organized by concerned citizens with voluntary contributions. No question is more important in assessing their effectiveness than why some women stop using them. This article centers on that question. It reports on some of the findings of a research project conducted in 1967 to determine the characteristics of the patients served by one community's family planning clinic system; and it includes comparisons of active and dropout patients and information on a followup structured interview with a select sample of dropout patients conducted to determine their reasons for no longer using clinic services. Because the location of the community is such that members of three major ethnic groups are served—white, Mexican-American, and Negro—some comparisons of active and dropout patients in these ethnic groups were possible.

The Planned Parenthood Association of Austin, Tex., established its first clinic (PPC) in 1937 through the efforts of private citizens and with private funds. In 1947 it hired a public health nurse as a full-time director, and in 1949 became affiliated with the Texas League of Planned Parenthood Federation of America. In 1965, with the cooperation of the city-county (Travis) health department, the Association applied for a grant from the Office of Economic Opportunity (OEO) to set up family planning clinics (FPC) in low income areas of the city. The grant was approved, and four clinics were established. In 1966 the Association was accepted for membership in the United Fund, and the next year opened a PPC evening clinic. Both the PPC and FPC clinics have operated closely in disseminating information and dispensing services in the central and outlying communities of Austin, primarily to low income women.

Study I

In the first phase of this research project, the records of all the 711 women served by the PPC's between January 1, 1966, and September 31, 1967, were reviewed. These women met agency eligibility requirements and had, during the period under study, made at least one visit to the agency seeking services (not necessarily the first visit). The tabulation excluded those women served by the FPC's because administrative practices made the use of FPC records difficult. Of the 711 women served, 42 percent were Mexican-American, 36 percent Negro, and 22 percent white. When first contacting the agency, most women were between the ages of 20 and 24, but age at first contact varied by ethnic identification, as can be seen in table 1. Compared to white women, those in the two minority groups were relatively more often below 20 or above 30 at the time of the first contact.

Dr. Williams is Associate Professor, Graduate School of Social Work, University of Texas at Austin. *Six graduate students helped design and implement the research on which this article is based, and their master's reports are based on the information collected. The students were David Beard, J. Charles McIntire, Susan Millen, Alberto Ramon, Charles Reese, and Jack Sowers. The research was supervised by Dr. Williams and Joseph Hungate, then Associate Professor at the Graduate School. Dr. Hungate is now Dean of the Graduate School of Social Work at the University of South Carolina.*

As to the number of children the women had when first contacting the clinics, the modal number for white women was zero, for Negro women two, and for Mexican-American women three. See table 2.

Another way of looking at these data is to note the differences in contact after three children had already been born. Many women in the two minority groups, especially the Mexican-Americans, already had more

Table 1. Age of woman at first contact with agency, by ethnic identification

Age	Ethnic identification					
	Mexican-American (N=298)		Negro (N=256)		White (N=157)	
	f	Percent[1]	f	Percent	f	Percent
Under 20 years.	58	20	56	22	25	16
20 - 24	114	38	104	41	76	49
25 - 29	67	22	51	20	32	20
30 - above. . . .	59	20	45	17	24	15

[1] *Percentages in this and all following tables have been rounded to the nearest whole number.*

Table 2. Number of children in family when woman first contacted agency, by ethnic identification

Number of children	Ethnic identification		
	Mexican-American (N=298)	Negro (N=256)	White (N=157)
	Percent	*Percent*	*Percent*
0	3	2	27
1	14	19	18
2	20	31	20
3	21	13	13
4	14	13	9
5	10	11	7
6	6	5	4
7	5	3	1
8	3	1	0
9	2	1	1
10 or more . .	2	1	0

than three children (42 percent of the Mexican-American and 35 percent of the Negro women). The proportion of women with more than three children was smaller among the white women (22 percent). This finding seems to be in line with Whelpton's conclusions that the "main reason for nonwhite couples' higher prevalence of Excess Fertility is that so many of them have unwanted conceptions before they begin to try to control their fertility."[1] However, these differences may reflect to some extent differences in the desired number of children as well. Large families are part of Mexican culture, an attitude reinforced by religious beliefs.

The importance of personal contact with other patients, friends, and relatives in prompting women to seek services is reflected in table 3. Very few of them, particularly among the minority groups, mentioned public information sources, the welfare department, or physicians as sources of referral. Minority group women were relatively more likely than white women to mention the local city-county hospital. About 21 percent of the white women, as compared to 11 percent of the Mexican-American and 12 percent of the Negro women, gave no referral source, indicating that apparently relatively more white women came "on their own."

Table 3. Referral source cited, by ethnic identification

Referral source[1]	Ethnic identification					
	Mexican-American (N=298)		Negro (N=256)		White (N=157)	
	f	Percent	f	Percent	f	Percent
Another patient	58	19	53	20	23	15
Friend or relative	80	25	51	20	28	18
Other PPC	5	2	4	2	10	6
Public information . . .	4	2	3	1	15	9
Physician	12	4	17	6	16	9
Public health nurse . .	21	7	7	3	5	3
Welfare department . .	5	2	4	2	1	1
City-county hospital .	75	24	76	29	20	13
Other	15	4	14	5	8	5
None listed	37	11	34	12	33	21

[1] *Some mentioned more than one source, and this fact is reflected in the tabulations.*

The records also indicate the type of contraceptive prescribed to the women while the agency was serving them. By far the largest number in each ethnic group used the pill at some time during the time they were served. Some, of course, used more than one method. The proportion using each contraceptive method while being served is reflected in table 4.

Of the 711 women contacting the agency in the study period, 377, or 53 percent, were "active" up to the time the data were collected (October-November 1967); that is, they kept appointments regularly as scheduled. "Dropouts" were defined as those women

who had not returned for scheduled visits after the clinic had sent several reminder post cards. Eighty-one women terminated agency services, informing the agency of their reasons. This group, the "terminated" patients, usually had moved to other neighborhoods or had transferred to other physicians or clinics. In a few cases the reason for termination was "medical" or (for 13) "planned pregnancy." Six were no longer eligible for clinic services because their family income had risen above the maximum. Table 5 reflects the outcome of patient contact according to ethnic identification.

Table 5 also shows that although the minority group women proportionally were more likely to maintain active status, they were also more likely to dropout without informing the agency of the reason. Many of the white women, who as a group were more likely to terminate "formally," indicated that they planned to change neighborhoods or were transferring to other clinics. All of the women who terminated services to have another child were from the minority groups (seven Mexican-Americans and six Negroes).

To compare the characteristics of active and dropout patients, the data collected from case records were further analyzed and tabulated. The 81 women whose cases had been terminated and the seven with an "unknown status" were excluded from the tabulations. The remaining women were the 377 active cases and the 246 dropout cases. Table 6 summarizes the distribution of active and dropout patients in the remaining sample by ethnic identification. In general, the Mexican-American women had a slightly higher dropout rate than the other two ethnic groups.

Marital status combined with ethnic identification seemed to have some relationship to dropping out of the program, as reflected in table 7. To summarize these data, relatively more Negro women than the others were single, and within all three groups single women had a slightly higher dropout rate when compared with the corresponding active rate. The number of single women served (60) constituted 10 percent of the patient group. Women who were divorced, separated, or widowed did not reflect these slight trends.

About 77 percent of the active and dropout patients used the pill. Table 8 suggests that those women using contraceptive methods other than the pill had a higher dropout rate, possibly because those using the pill by necessity had to visit the clinic for more supplies every 3 months. Either this necessity encouraged them to continue with regular checkups and visits or the higher rate may have been the result of more easily determining that a woman on the pill was indeed on "active" status with the agency. Other methods of contraception can be more easily continued by a woman without meeting regular appointments, which are scheduled less often. Any one or a combination of these aspects may account for the differences in the rates.

Table 4. Proportion of each ethnic group using various contraceptive methods while served by the Planned Parenthood Clinic

Contraceptive method used[1]	Ethnic identification					
	Mexican-American (N=298)		Negro (N=256)		White (N=157)	
	f	Percent	f	Percent	f	Percent
Pill	269	66	229	70	134	66
IUD	35	9	31	10	27	13
Diaphragm	36	9	20	6	15	7
Jelly	28	7	13	4	10	6
Foam	22	5	18	6	10	6
Cream	12	3	7	2	2	1
None listed	3	1	8	2	0	0

[1] *Some used more than one method and this is reflected in the tabulations.*

Table 5. Outcome of patient contact, by ethnic identification

Outcome of contact	Ethnic identification					
	Mexican-American (N=298)		Negro (N=256)		White (N=157)	
	f	Percent	f	Percent	f	Percent
Active	154	52	146	57	77	49
Dropout	115	39	84	33	47	30
Terminated	26	8	22	8	33	21
Unknown[1]	3	1	4	2	0	0

[1] *The records were not clear about the status of these women.*

Table 6. Active and dropout patient distribution within ethnic group

Patient status	Ethnic identification					
	Mexican-American		Negro		White	
	f	Percent	f	Percent	f	Percent
Active	154	57	146	63	77	62
Dropout	115	43	84	37	47	38
Total	269	100	230	100	124	100

Table 7. Marital status and ethnic identification of active and dropout patients (study I)

Marital status	Ethnic identification					
	Mexican-American		Negro		White	
	Active (N=154)	Dropout (N=115)	Active (N=146)	Dropout (N=84)	Active (N=77)	Dropout (N=47)
	Percent	*Percent*	*Percent*	*Percent*	*Percent*	*Percent*
Married (N=532)	93	92	73	70	96	94
Single (N=60)	3	6	18	24	0	2
Divorced, separated, or widowed (N=31)	4	2	9	6	4	4
Total	100	100	100	100	100	100

Study II

Among both the Family Planning and Planned Parenthood Clinic patients, 376 women met the dropout criteria established for the followup study:

The patient had contacted the clinic between January 1, 1966, and September 30, 1967, and met eligibility requirements for service.

She had not advised either PPC or FPC of intent to or reason for discontinuing service.

Her or her husband's address was registered in the September 1967 city water and power address index (more inclusive than the telephone directory).

She was not pregnant and was not over 45 years of age.

A Mexican-American woman who could speak both Spanish and English was available as a case aide through OEO funds to conduct followup interviews. The original intent was to locate about 50 patients at random who had dropped out of the PPC program. Originally a second case aide was to be available for interviewing, but administrative reasons made this impossible. The first aide had begun interviews primarily with Spanish-speaking women at the OEO-supported FPC clinics when it was determined that she would have to conduct all interviews.[2] She was able to complete 53 interviews between September 15 and October 14, 1967. But, because she had regular duties as well as the interviewing assignment, she could only give several hours weekly to the research project for the 1-month period.

Table 8. Contraceptive method used by active and dropout patients (study I)

Method used	Active patients		Dropouts		Total	
	f	Percent	f	Percent	f	Percent
Pill (N=482)	301	62	181	38	482	100
Other (N=141)	76	54	65	46	141	100

As a result of these administrative difficulties, the data obtained represented mainly a random sample of FPC patient dropouts who also happened to be primarily minority group members (FPC clinics are located in areas of the city populated primarily by minority groups). It consisted of 44 FPC patients and nine PPC patients, or a 14 percent sample of all dropouts meeting the criteria. Of this group 70 percent were Mexican-American, 26 percent were Negro, and 4 percent were white. Because interviews were conducted by necessity in the daytime, a further selection bias was probably present.

About three-fourths of the women were between the ages of 20 and 35, and 96 percent were married. One was divorced, and one was a widow. About 64 percent of them were Catholic, 34 percent Protestant, and 2 percent had no religious preference. The mean educational level attained by the women was 8.3 years (N=48, five unknown); by their husbands 8.8 years (N=42, 11 unknown). The average monthly income for working husbands (N=39) was about $280. Ten of the women were working, and their average monthly income from employment was about $210. Others received money for child support or public assistance. At the time of the initial contact with the clinics, they had an average of 4.5 children; at the time of the interview 4.7. Eleven more children had been born since the agency had last heard from them.

The case aide rated the women's neighborhoods as either *sound*, *in need of repair*, or *primitive*. Ten were rated as *primitive*, 25 as *in need of repair*, and 14 as *sound*. Four were not rated.

Every evidence from these statistics indicates that the dropout patients interviewed were, indeed, low income persons. The interviewer believed that one of the women was mentally ill and one mentally retarded. Locating the women was difficult, but the interviewer persisted until she had made at least four contacts at a household before giving up. Of the sample finally interviewed, the average length of residence at the same address was 3.5 years. Table 9 summarizes the original source of referral for the sample group, and table 10 indicates the birth control method prescribed. Table 11 summarizes answers to the interviewer's questions about the contraceptive methods the women were using.

Table 9. Original source of referral of 53 dropout patients interviewed in study II

Source of referral	f	Percent
Another patient	9	17
Friend or relative	9	17
Public information	1	2
Physician	3	6
Public health nurse	17	32
Welfare department	2	4
City-county hospital	7	13
Other	2	4
None listed	3	6

Table 10. Contraceptive method used by 53 dropout patients while served by the clinic (study II)

Contraceptive method used	f	Percent
Pill	47	88
IUD	4	8
Foam	2	4

The results indicate that more than half the dropouts were still using some form of contraceptive, although a sizable proportion (42 percent) were not. Nine of the latter were pregnant at the time of the interview, and

Table 11. Contraceptive method used by the dropout sample at the time of the interview (study II)

Contraceptive method used	f	Percent
Pill	13	25
IUD	3	6
Foam	2	4
Diaphragm	2	4
Prophylactic	3	6
Suppository[1]	2	4
Shots	4	8
None	22	42
No need	2	4

[1] *Two persons, when asked about what contraceptive device they were using, said they were using suppositories. However, the suppository named is not a contraceptive. Their replies seem to indicate that misunderstanding existed on the part of these women. This no doubt illustrates one reason for unwanted pregnancies in some cases.*

three thought they might be. Twenty-eight said they had had a recent physical checkup, and 25 said they had not. They were then asked whether they preferred a man or woman examiner. Of those indicating a preference, twice as many said they preferred a woman (see table 12). Unfortunately, this question was not put to the women when they came to the clinics so that no comparisons for active as opposed to dropout patients could be made. However, because the dropout patients belonged to minority groups from low income areas, it might be useful to consider this variable when providing services and make it possible for women to express a preference. One Mexican-American woman interviewed in this sample mentioned that her husband did not like for a man to examine her. Chilman, in discussing social and psychological aspects of family planning programs and policies, recognizes that low income persons may be

Table 12. Preference as to sex of examining physician by 53 dropout patients (study II)

Preference	f	Percent
Man	11	21
Woman	24	45
Doesn't matter	17	32
No answer	1	2

especially sensitive to talking about sexual matters with persons of the opposite sex and that it "may be important—at least initially—for women workers to talk with girls and women, and male workers to talk with boys and men."[3]

To get an idea of why these dropouts were no longer using clinic services, they were asked why they had not returned. Their answers are summarized in table 13, according to types of reasons given.

Table 13. Reasons for not returning to clinics for services

Reason	f	Percent
Legitimate	19	36
Transferred	7	13
Planned or planning pregnancy	8	15
Surgery	1	2
Physical separation from husband	1	2
Had supplies	2	4
Problems of access	19	36
Geographical	1	2
Motivational-attitudinal		
Too occupied with children	1	2
Lack of interest	5	9
Husband disapproved	2	4
Lack of time	5	9
Unwanted pregnancy	5	9
Dissatisfaction with contraceptive method provided	15	28
Fear of pill	3	6
Didn't like pill	2	4
Ill from pill	7	13
Preferred shot[1]	3	4

[1] *Not available from clinics.*

The results indicate that a little over a third were classified as dropouts primarily because they had not informed the clinic of their changed situation or intentions (classified in table 13 as those having legitimate reasons) and could be written off as being taken care of elsewhere. The remaining two-thirds should be of concern. Fifteen failed to return to the clinics because they were dissatisfied with the contraceptive method provided (the pill for all 15), though other methods were available. A communications breakdown might have occurred when they visited the clinics. Perhaps the variety of choices available were not well explained, and they were not urged to report dissatisfaction with the pill. At the time these patients were visiting the clinics, the pill had a "favorable press." Perhaps clinic workers, overly enthusiastic about the pill, were not making clear the choices available. "Problems of access" as a category of reasons for dropping out of the program fell into two types, geographic and attitudinal. It is hard to separate attitudinal reasons from reasons seemingly related to dissatisfaction with the pill, and perhaps these two should have been combined. At any rate, only one woman indicated that she had a "geographic" problem because she was "too far from the clinic." This indicates that clinic locations were probably not significant in the dropout rate. Attitudinal and motivational problems seemed much more prevalent. Five women had had unwanted pregnancies, but it is hard to determine if the pregnancies were the result of missused contraceptives. It is possible, of course, that in a very few instances the contraceptive failed to work even though the women followed directions.

Conclusions

Several general conclusions based not only on the data presented thus far but also on the experience of those involved in collecting the data seem in order.

First, it should be understood that research based on patient records is subject to many inherent errors not easily under the researchers' control, particularly when they are not members of the agency where the data are collected and tabulated, as is true in this case. Problems of definitions regarding variables on which information is collected are often uncovered in a research project of this sort. Often different staff members within an agency record information in quite different ways, and in many cases data go unrecorded. To some extent such problems were encountered in this study. Too, administrative decisions must take precedence over research needs to the sacrifice of the "pure" research design. This kind of problem is also reflected in this study. However, to applied researchers such problems are quite familiar. When family planning is the research topic, special problems also arise. Questions like these become doubly important: Who should do the interviewing? What should be asked? Are the respondents going to level? In general, the researchers in this study found agency staff members highly cooperative, and their cooperativeness was certainly an important ingredient in the completion of the feasible research.

Second, the study seems to suggest that part of the reason for what the agency staff members believed was a "high dropout rate" is probably to be expected. Many of the patients classified as "dropouts" could not be located in the city, and probably many of them had

moved. Even among the select sample of those who could be located and interviewed, about a third should probably have been considered as "terminated" patients rather than as "dropouts." Of those who did drop out in the strictest sense of the term, the major reasons for doing so seemed, at least in this study of mainly low income minority group women, to be related to two major kinds of concern: dissatisfaction with the pill and motivation. Before concluding that the pill per se was an influence in these dropouts, however, table 8 should be reexamined. Probably every contraceptive method will bring dissatisfaction to a certain number of users, and the more important conclusion should be that choice of method and flexibility should be emphasized in providing services. Because such a large number of patients, both active and dropout, were using the pill, it is probably only accidental that dissatisfaction with method in this study meant, in effect, dissatisfaction with the pill. Here it would be more useful to adequately gauge the attitudinal forces at work where motivation seemed to be an influence in dropping out. In general, the women interviewed seemed not to be particularly dissatisfied with the agency services, and many indicated that they were helped and had no suggestions for improving services. Thus other motivations seemed to be involved.

Many other writers have also pointed to the influence of motivation in the use of family planning services. However, motivation is particularly hard to study. The sample of 53 women interviewed in this study, it should be pointed out, had 239 children between them when they applied for services and 250 at the time of the interviews. Furthermore, at the time of the interviews nine were pregnant and three thought they might be. Seemingly, the clinics were geographically accessible, and the patients were aware that they could receive free help from them. Yet, for this group of women, the number of children was rapidly increasing, although most (33) of them had more than three children when they first contacted the clinic. The impression remains that at least a portion of them had conflicting motivations and that, perhaps, regardless of the hardships, many simply either wanted more children or were not strongly motivated tc avoid having more. Even if this sample were highly atypical, it can still be surmised that for some unknown percentage of them, conflicting motivations were at work.

SUCH A POSSIBILITY is not often recognized by the persons who enthusiastically provide services through clinics such as those described in this study. Perhaps many professional workers too often assume that all women with the "ideal" size family don't want any more children and must be strongly motivated to prevent further pregnancies, especially if they are poor. In a certain number of cases, this simply may not be so, and those worried about the "population bomb" are perhaps going to have to come to terms with this possibility sooner or later. Many staff members of family planning clinics are, no doubt, well aware of the ambivalence in some women toward practicing birth control. Yet a better understanding of the sources of ambivalence in various groups should help clinic staff members better evaluate the meaning of "dropout" rates in patient groups.

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[1] *Pascal K. Whelpton, Arthur A. Campbell, and John E. Patterson,* Fertility and Family Planning in the United States *(Princeton: Princeton University Press), 1966, p. 366.*

[2] *Because of the nature of the study and the issues of confidentiality involved, agency administrators did not think it wise for university students to conduct these interviews.*

[3] *Catherine S. Chilman, "Poverty and Family Planning in the United States: Some Social and Psychological Aspects and Implications for Program and Policy,"* Welfare in Review, *Apr. 1967, p. 11.*

Reduced Fares for the Elderly

Effects on a Transit System

Edward K. Morlok, Walter M. Kulash, and Hugo L. Vandersypen

The effects of a reduced fare plan for elderly persons on a transit system are important in the evaluation of the plan because potential revenue losses for the transit system operator must be weighed against possible gains for the elderly. The losses incurred by the transit operator could be a very important determinant of whether he will accept such a reduced fare plan for special groups of users and under what conditions such as a subsidy he would continue following it. Also, information about both potential gains for the elderly from such a plan and losses and gains for the transit operator will determine to a large extent whether various government agencies will sponsor, through subsidy or other means, transportation programs to improve the mobility of special groups. Research conducted along with programs of reduced transit fares for elderly persons has concentrated on the effects of such programs on the elderly and their lives. Very little attention has been paid to what happens to the transit system operator, though his response may be the keystone to the whole program.

In 1970 the Transportation Center of Northwestern University, through a Federal grant, made a study of the effects of reduced fares for elderly persons on the transit operator. The study's aim was to develop a methodology for estimating such effects that would produce ready information about changes in the elderly's travel habits and the cost of operations once a plan is in effect. Specific items included these: estimation of revenue changes for the transit system operator, the possibility of revising transit operations to match altered traffic patterns, and the effect of revisions on operating costs. The methodology was developed as both a manual procedure and a computer program so that it can be applied to small or large problems.

Until this study was undertaken, there was no methodology for determining the effects of reduced fares designed to increase the mobility of particular groups of transit users. Such a methodology should serve as a means for predicting the effects before the program begins and thus provide a basis for deciding on program characteristics and for monitoring and revising the program and evaluating the results.

When a reduced fare plan goes into effect the first persons affected, of course, are the elderly persons who use the transit system. Usually the plan will provide for rides at reduced fares for the elderly during off-peak periods on the presentation of some identification. Persons qualifying for the reduced fare respond to the plan by shifting trips formerly taken at the peak period to the off-peak, reduced fare, period. It is likely that many will also take trips during the off-peak period they would not have taken before at the full fare.

As the elderly shift rides from one period to another, the transit company soon feels the effect of the change. Traffic typically drops off slightly in the peak period and increases in the off-peak period, the period often termed the base period by transit operators. For the operator the critical question is what happens at the cash box. How much does he stand to lose by the plan? Will the elderly make up in extra rides for the lost revenue? Can he cut his operations to offset the loss? If he loses revenue, can he obtain a subsidy?

The actual effect of some elderly persons shifting rides from the peak

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period to the off in several cities is shown in table 1. Unfortunately, the data on preplan and postplan riding are insufficient to identify and measure shifts except in Los Angeles. There 25 percent of all peak-period rides were shifted to the off period. Table 1 also indicates that the increase in the total number of trips made by the elderly is substantial, although the exact size varies between cities and is, in a few cases, uncertain because of weakness in the surveys.

The cost reduction to the operator by the shift in rides could be substantial, as seen in table 2. The operator, observing the changes brought about by the reduced fare plan will probably make certain operational changes. Because during peak periods the total number of riders drops off, he may be able to reduce the number of trains or buses he operates and so reduce operating costs. This reduction could be substantial because much labor and equipment for a transit system must be purchased solely for use during peak periods. Table 2 indicates that in six large cities the fraction of the total number of transit system passengers who ride during the 4 peak hours each week day varies from about 40 to about 60 percent of all rides made during the entire 24-hour day. Considering the high cost of transit vehicles and the fact that most labor agreements require payment for at least 8 hours work a day even if the operator works only 2, the saving might be substantial in comparison with the (possible) revenue loss from reduced fare plans for the elderly.

Thus the critical effects of enacting a reduced fare plan for the elderly, on which the size of other effects depends, are the changes in transit travel by the elderly. As the available data indicate, changes in the elderly's travel habits will have to be observed in each city, and are likely to be unique to each. However, after sufficient information on such changes in various cities under various plans has been obtained, generalizations from which to predict changes before the enactment of a plan can be made. The purpose of the research was to develop a methodology that can be readily used by those concerned with such programs

Table 1. Changes in the riding patterns of the elderly in five cities because of reduced fare plans

City	Changes in riding patterns
Chicago[1]	No definitive observations. Estimates of trip increases, 7-107 percent of preplan rides by the elderly.
Los Angeles[2]	Postplan riding increase of 24 percent of preplan rides by the elderly.
Detroit[3]	Total systemwide volume of rides (all riders) increased by 4 percent after reduced fare plan.
Toledo[4]	Reduced fare plan accounted for only one additional weekly ride per elderly person; change considered insignificant.
New York[5]	Postplan riding increased by 27 percent. Number of elderly shifting from peak to base period not known but believed to be very small part of the 27 percent increase.

[1] *City of Chicago, Division for Senior Citizens,* Reduced Fares for Senior Citizens *(Chicago: The Division), 1970.* [2] *Massachusetts State Legislative Research Council,* Report Relative to Reduced Fares for the Elderly, *Senate No. 711 (Boston: The Council), Jan. 17, 1966, p. 21.* [3] *Ibid., p. 19.* [4] *Ibid., p. 30.* [5] *Marjorie H. Cantor,* Elderly Ridership and Reduced Transit Fares: The New York City Experience, *Administration on Aging Paper No. 23 (Washington: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service), 1970.*

Table 2. Percentage of total transit rides in peak and base period in six cities

City	Percentage of total number of rides	
	Peak	Base
Chicago (bus)[1]	42	58
Chicago (rail)[2]	58	42
New York (rail)[3]	51	49
Los Angeles[4]	42	58
Detroit[5]	50	50
Washington[6]	49	51
Pittsburgh[7]	51	49

[1] *Chicago Area Transportation Study,* Chicago Area Transportation Study Final Report, *Vol. I (Chicago: The Study), 1958, p. 48.* [2] *Ibid., p. 48.* [3] *Wilfred Owen,* The Metropolitan Transportation Problem *(Washington: Brookings Institution), 1966, p. 82.* [4] *Lewis M. Schneider,* Marketing Urban Mass Transit: A Comparative Study of Management Strategies *(Boston: Harvard University Graduate School of Business Administration), 1965.* [5] *Wilbur Smith and Associates,* Transportation and Parking for Tomorrow's Cities *(Detroit: Automobile Manufacturers Association), 1968, p. 343.* [6] *Ibid., p. 343.* [7] *Ibid., p. 343.*

to determine the effect on transit system revenues and costs of a specific observed or expected change in riding on a route. Thus the focus in this article is on translating traffic changes into changes in revenue and determining the extent to which transit system operations and costs may be adapted to altered traffic patterns.

How many extra rides and how much reduced services may offset revenue loss is the operator's first question. Most transit systems are in such precarious financial condition they cannot tolerate any loss of net revenue (total revenue minus expenses). Any loss from a reduced fare plan would have to be made up by higher fares for all riders or the receipt of compensation for the loss from an outside agency such as the Federal or local government. Higher fares would bring a response from other riders, who might choose to stop using the transit system.

All of the possible effects discussed here are summarized in table 3.

A methodology for estimating effects

In this section we present a general methodology for estimating the effects of a reduced fare plan for the elderly on individual routes within a transit system. Specifically, the method is concerned with estimating the effects of changed patterns of travel by the elderly on transit system revenue, ascertaining the possibility of changing schedules to better match revised traffic patterns and effect saving, and determining the net effect of both changes in revenue and cost. Because such an analysis involves many steps and much computation, the details of the methods are not presented here; only the basic principles and examples of results are included. Details are available in the final report (see authors' note at the bottom of column 1, page 17). The first consideration is the evaluation of specific programs for particular routes, given data on traffic and fare changes resulting from a program. Data needed to support this analysis are the subject of the next section.

Effect on revenue. The most apparent effect of a reduced fare program for the elderly in base periods on a transit route is reduced revenue from each trip an elderly person takes for which he formerly paid full fare. The next most noticeable effect is the increase in the total number of trips he takes at the lower rate, including trips he formerly took at the peak period. The net effect of these two changes on transit system revenues is given by the following equation:

(revenue change) = (revenue from off-period rides at reduced fares) - (revenue loss from off-period rides formerly made at full fare) - (revenue loss from the shifting of peak-period rides to the base period).

Mathematically this relationship is expressed thus:

$$\Delta r = e.\ \Delta b - d\ (E - e) - p\ (E - e).$$

Where Δr is the revenue change (usually a negative number reflecting the revenue loss), E is the average full or regular fare, e is the average reduced fare in the base period, d is the number of rides formerly made in the off period at the full fare now made at the reduced fare, Δb is the number of new rides taken at the reduced fare, and Δp is the number of rides formerly taken in the peak period at the full fare but now shifted to the base at the reduced fare.

If the values for these various items, as observed in a before- and after-study of the reduced fare plan in Los Angeles, are substituted into the above formula, the total annual revenue reduction resulting from the reduced fare plan is as follows:

Δr = (1,924,250)(15 cents)-(4,801,250) (22.5 cents-15 cents) (862,250) (22.5 cents-15 cents)
Δr = \$288,638-\$360,094-\$64,668.75
Δr = \$136,125 per year.

Effect on schedules. Schedule changes may be desirable after a reduced fare plan is in effect to better match transit service and public need. Actually, many elderly riders do shift trips from the peak to the base period to a significant degree. If the peak-period reduction is large enough, the number of buses

Table 3. Some effects of reduced fare plans for elderly persons

Affected groups	Examples of effects
Elderly persons	Reduced travel price Greater activity opportunities Potentially more trips
Transit operator	Revenue change Increase or decrease? Traffic shift to base period? Size? Cost change?
Other riders	Reduced peak crowding? Amount? Increased fares?
Government	Transit subsidy?

or trains operated could be lowered to reduce operating costs.

If a vehicle makes only one round trip during the peak period—a common situation in large cities—the total traffic reduction during the peak period required to effect a saving need equal only the total traffic a single vehicle carries. If the reduction in peak traffic because of fewer elderly riders reaches the amount of traffic carried on an individual vehicle in its peak load direction, a single vehicle trip can be eliminated and the interval between remaining trips increased to avoid additional crowding. Of course, the headway (interval between vehicles) would have to increase slightly, but on major city transit routes such an increase is likely to be too small to notice. The elimination of trips during the peak hours enables the transit system to operate with fewer vehicles and operators, in proportion to the drop in the number of riders at the peak period.

If vehicles make more than one round trip during the peak period, the traffic reduction needed to reduce vehicle and operator requirements is more complex. A peak-time vehicle making two round trips in the peak period could only be eliminated if the drop in traffic equaled the load carried on both trips. But if the level of traffic reduction is equivalent to the capacity of one vehicle only, theoretically one vehicle trip could be eliminated even though the specific vehicle and operator could not. However, the potential cost saving in this instance is too small to be counted. Our analysis, therefore, is concerned solely with traffic shifts permitting reductions in vehicle fleet and operator requirements.

Analysis. Based on the methodology presented, an estimate of the net effect on the revenue of the transit system is possible. It is simply the sum of the revenue change and the possible cost savings.

An example should clarify the methodology. Consider a bus route that is 24.78 miles long (round trip), scheduled to accommodate 2,260 passengers per hour in the peak directions during the morning and evening peaks, and providing service with headways as shown in table 4. To minimize bus and driver requirements, service during the peak periods is provided with as much headway as possible so that vehicles generally do not exceed 60 passengers. Headways at other times are based on the frequency necessary to provide a reasonable quality of service, and vehicles are generally not full.

The transit service had 83 buses (including 10 percent maintenance reserve) when the reduced fare plan began. The number of buses and operators required each day are shown in table 4. As these figures indicate, many more operators and buses are needed during the weekday peak period than during other periods. The total annual variable cost of this service is about $3,014,100. With a total annual traffic of 7,062,500 passengers per year at a fare of 45 cents (average), the annual revenue is $3,178,000, yielding a small profit of $164,000 per year to be applied against fixed costs.

A reduced fare plan is introduced, allowing the elderly to ride at 20 cents a ride, less than half the regular fare of 45 cents, during off periods. About half the elderly riders shift from the peak period to the off, reducing peak hour traffic by about 100 passengers per hour. The revenue loss on these trips ($20,000 per year) and the loss on all trip fares paid by the elderly ($91,800 per year) is offset by an increase in the number of base trips at the reduced fare (32 percent), resulting in a revenue loss of $82,625 per year.

However, the reduction in traffic during the peak, although small, per-

Table 4. Example of effects of reduced fare plan on bus route

Effect	Before plan	After plan
Total annual revenue	$3,178,125	$3,095,500
Total annual variable cost	3,014,141	2,944,628
Total annual number of passengers	7,062,500	7,179,250
Total number of elderly passengers in peak period	339,000	259,000
Total number of elderly passengers in base period	367,250	484,002
Regular fare[1]	$0.45	$0.45
Fare for the elderly[1]	0.45	0.20
Headway in each direction		
Early base	5.00 min.	5.00 min.
Morning peak	1.60	1.67
Midday base	4.00	4.00
Evening peak	1.60	1.67
Evening base	9.00	9.00
Saturday	5.00	5.00
Sunday	9.00	9.00
Total number of vehicles required	83	80
Total number of drivers required		
Weekdays	101	98
Saturdays	50	50
Sunday	28	28

[1] *Fares must be average fares, reflecting transfers, zone charges, and the like.*

mits a slight reduction in vehicles and operators: from 83 to 80 for vehicles and from 101 to 98 for weekday operators. Service during peak hours is reduced slightly, from a headway of 1.6 minutes between buses to 1.67 minutes. These relatively small changes reduce costs by about $69,500 per year.

The net effect of the reduction in revenue and the cost savings resulting from service adjustments is a loss of only $13,000 per year. This loss is only 16 percent of the original revenue loss. This example demonstrates how effective minor schedule changes can be in offsetting the adverse effects of a reduced fare program for the elderly.

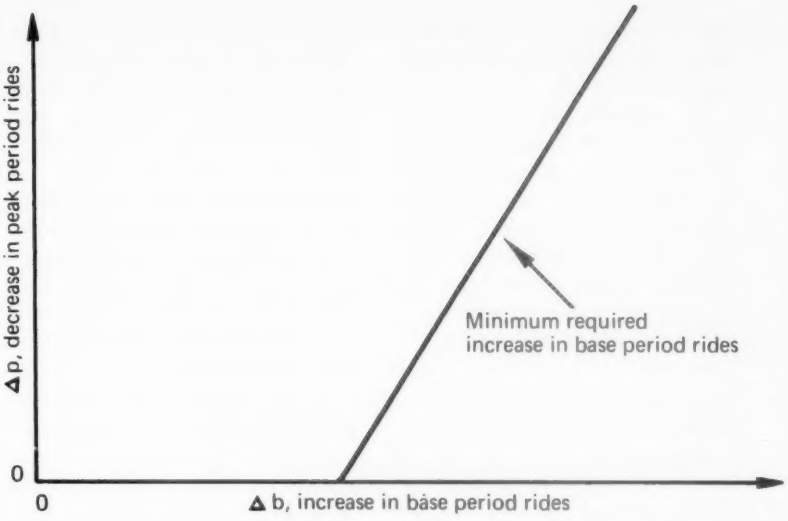

Figure 1. New base period rides required to maintain equal revenue before and after reduced fares for elderly plan

Note: The rides lost during the peak period, Δp, are assumed to be shifted to the base period; Δb the number of new rides (in addition to Δp) required during the base period for revenue to remain unchanged.

General breakeven analysis. Because precise information on changes on individual routes might not be available and to make evaluation of the likelihood of transit revenue losses easier, a more general methodology for examining the relationships between riding changes, schedule changes, costs, and revenues has been developed. Specifically, this methodology is directed toward identifying those changes in passenger traffic that, together with stipulated fare reductions, are necessary to make the transit system net revenue equal what it was before the plan. This analysis differs from that concerned solely with revenue in that the possibility of schedule changes and consequent cost reductions is explicitly considered.

An appropriate base on which to develop this type of analysis is that shown in figure 1. There the relationship between fare reductions, the generation of new traffic, and the shifting of traffic from the peak to the base period, necessary for the constancy of the transit system's financial position, is considered.

An important conclusion of the analysis is that as an increasing number of peak-period rides are shifted to the base, an increasing number of new base-period rides is required for the system to break even. However, when a sufficient number of rides has shifted from the peak to the base, the transit system can make a schedule change that reduces the vehicle fleet and operator requirements by one each. At the point where a sufficient number of peak-period rides shifting to the base period occurs, the cost of operating the transit route is immediately reduced. Therefore, the number of new rides in the base period required for break-

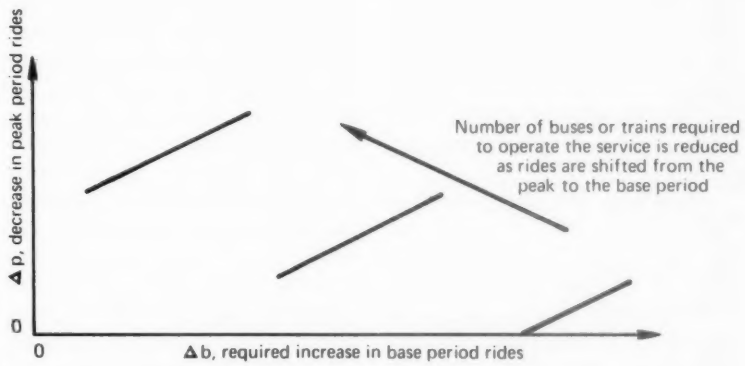
Δ p, decrease in peak period rides
0
0
Δ b, required increase in base period rides
Number of buses or trains required
to operate the service is reduced
as rides are shifted from the
peak to the base period

Figure 2. New base period rides required to maintain equal profit (revenue minus cost) before and after reduced fares for elderly plan

even is reduced, as indicated on figure 2 by the shifting of the breakeven line to the left.

As additional rides during the peak period shift to the base, revenue is lost but, as no cost can be reduced, the total number of new base-period rides required for breakeven increases again. This process continues until a sufficient number of rides has shifted to allow the system to eliminate an additional vehicle and operator or crew. The process continues as more rides shift from one period to another.

This kind of analysis is important in identifying the combinations of shifting peak-period traffic and new base-period rides required to maintain the transit system's original financial position. For example, for any specific level of rides shifting from the peak period, the level of new base period rides required for the system to break even can be readily identified. If the actual amount of new traffic is less than required, the system will suffer a net reduction in earnings.

A number of actual examples of this kind of breakeven analysis have been developed, and the results of one are presented in figure 3. This analysis corresponds to the conditions on an actual transit route—the one treated in the example in the preceeding section. Assuming that 10 percent of this traffic is elderly persons in all periods of the day and that average fares are reduced from 45 to 20 cents, the breakeven line is as shown in figure 3.

Considering the total amount of traffic on this line, the number of trips the elderly must shift from the peak to the base period to allow schedule changes is not great. Nor is the amount of additional traffic that must be generated wholly unreasonable, considering the total number of elderly persons who ride the line. As to the example treated in the previous section in which 33 percent (or 100 passengers per hour) of the elderly riders in the peak hour shifted to the base, an increase of about 715 rides per weekday is required for the transit line to remain in an equivalent financial position. This corresponds to about 180,000 new trips by the elderly at the reduced fare per year, or an increase of 32 percent in the number of trips made by the elderly.

If just slightly more than 100 peak-period trips per hour were shifted, the fleet size and drivers required would drop further and the resulting cost saving would reduce new base traffic requirements to only about 390 rides per day, or only 17 percent more—much less than the increase observed in the Los Angeles program. The power of the breakeven analysis in evaluating the potential losses to the transit line and the need for subsidy should be apparent.

Information required for estimation

Clearly, the estimation of the effect of a reduced fare plan for the elderly on a transit line depends heavily on the accuracy of the measurement of changes in travel among the elderly. As indicated in the first section, in many previous studies the actual effect of fare plans on elderly riders could not be accurately determined because of weak data on before- and after-conditions. However, the ability to accurately estimate the change in transit system revenue resulting from the introduction of a reduced fare plan for the elderly depends entirely on either the accurate measurement of revenue changes directly or on the accurate measurement of changes in traffic and actual fares paid. Furthermore, the ability to reschedule services to better match resulting traffic patterns also depends entirely on the accurate measurement of traffic changes during the peak period. Therefore, it is important that the information necessary to use the methodologies developed for estimating revenue, schedule, and cost changes be identified.

Revenue change and information. The most nearly accurate estimate of revenue change would undoubtedly be simply the difference between the total revenue obtained from the route before the introduction of the reduced fare plan and the total amount of revenue obtained after it. This method could truly reflect the change only if no other changes occurred at the same time, a highly unlikely supposition. Elderly riders and other riders too are likely to be influenced by external forces—the weather, seasonal conditions, employment conditions, and general trends in riding patterns (often away from the system). Another practical limitation on this measurement method exists when the system has locked fare boxes on buses that move from one route to another during the day. Estimates of revenue changes by route could be made only if the fare box were opened and revenue counted each time the vehicle changed routes.

For these reasons it is not generally possible to directly measure revenue. However, as discussed earlier, changes in revenue because of the reduced fare program can be estimated if both the change in the elderly's riding patterns and the change in average fares from the trips they take are known. Both of these can be measured by directly counting the elderly's rides and the fare paid for each ride. In most reduced fare programs these measurements are accomplished by observers at transit stations or on board vehicles. They

unavoidably contain errors for several reasons: too many people passing through the station for an accurate count, some elderly persons will not identify themselves, and passengers passing by the check point when the surveyor is away from his post. Moreover, often the monitoring is performed as a sample survey in which a small fraction of all stations or vehicles are monitored, the results being expanded to reflect the total number. This method generally leads to even greater error than the other.

The results of any monitoring should include an estimate of the possible error in the measurements. The resulting range of possible changes in revenue can be estimated by using measurements tending toward the worse situation for one estimate and toward the best for the other, the true value of revenue change lying somewhere between.

If the range of revenue change so estimated is not completely accurate, the only choice is to reduce the range of values of the input such as average fares before and after the plan and the number of elderly riders before and after the plan. This can only be done by performing another survey, perhaps increasing the sampling rate—but at an increase in expenditure. Also, as the sampling on the before-and-after survey cannot be increased after the initiation of the plan, the adequacy of the survey should be determined during the initial pretest.

Information and schedule changes. The general method of determining whether data are adequate to analytical needs is similar to that used with revenue changes. The feasibility of schedule changes depends entirely on the estimates of traffic to be carried before and after institution of the fare plan. The critical traffic measurement is, of course, the passenger flow past the point on the route at which the maximum passenger flow occurs, usually close to the downtown area on routes directed toward that area. Because vehicles can be eliminated only as whole units that usually carry 75 passengers if a bus or a hundred if a railcar, it is often not necessary to know exactly how many passengers must be carried to estimate exactly what the vehicle requirements are.

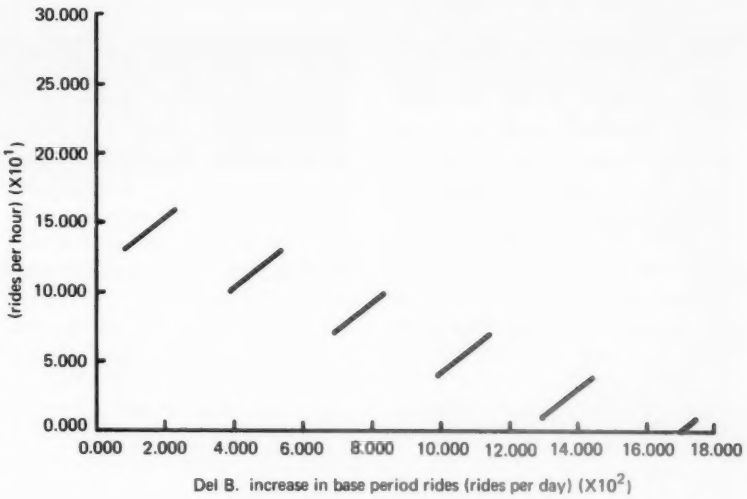

Figure 3. New base period traffic required to maintain equal profit before and after fare plan as a function of rides shifting from peak to base period

To illustrate the methodology, consider the case of the bus route discussed in previous examples. Referring again to figure 3, if the reduction in peak hour passenger flow because of the shifting of rides by the elderly is exactly 80 passengers per hour, the total vehicle requirements are reduced from 83 buses to 80. However, if the estimate of peak hour traffic reduction is from 70 to 95 passengers per hour, the number of buses required still is 80, regardless of the actual value of reduction, provided it is within this range. Thus some error in the estimate of maximum peak traffic flow can be tolerated with the estimate of vehicle and operator requirements and, hence, cost saving remaining exact.

Yet, if the estimate of the change in maximum peak traffic flow was between 90 and 110 passengers per hour, the vehicle requirement might be 80 or 79 buses. In this case the best method would be to estimate the possible cost saving resulting from reducing the number of vehicles and operators by one. Also, the cost of an improved survey sufficient to determine whether the reduction in peak hour rides was 100 passengers per hour or less or 101 passengers per hour or more, should be estimated. These two values can then be compared to determine if it is worthwhile to improve or not improve the monitoring and use the larger of the two possible values of vehicle requirements.

In the estimation of cost savings, all data on the cost of such variables as vehicles and drivers, which are

inputs to the cost computing formulas of the computer program, are also important. There is likely to be some error in them because the exact cost of a new vehicle is subject to negotiation with the builder, the exact cost of maintaining a particular vehicle is not known, and some overhead costs might be erroneously estimated. However, the extent of error in these cost inputs to the methodology is likely to be small in comparison with the errors in estimates of riding changes and in changes in average fares collected.

JUDGING FROM THE REPORTED results of estimates of the riding changes resulting from reduced fare plans for the elderly, such estimates are subject to considerable error. In some cases these errors are likely to be acceptable, for adequate conclusions can still be drawn about the effects of the plans. In a few others the range of estimates is so great that it is unlikely that any significant conclusions about the effect of the fare plan, either on the elderly or on the transit system, can be drawn. For these reasons it is imperative that the monitoring of traffic and revenue changes be subject to close scrutiny while it is still possible to change the monitoring to bring it closer to accuracy, for otherwise the result of the monitoring may not be adequate to permit an evaluation of the plan.

Conclusions

The study makes clear that, in general, it is incorrect to estimate loss in revenue to a transit system resulting from institution of a reduced fare plan for the elderly by multiplying the number of trips taken at the reduced fare by the amount of the fare reduction. This correctly estimates the revenue loss on trips formerly made at full fare but completely ignores increases in travel. Based on observations in the cities cited in table 1, elderly persons do travel more after a program goes into effect. In some cities the revenue from greater travel in the base period might nearly offset the revenue loss of other trips.

In a few cities the elderly have substantially shifted trips from the peak period to the base. To the extent that such a shift occurs, it may be possible for the transit operator to reduce the number of vehicle trips during peak periods and thereby reduce operating costs. As the example applications show, these savings may be substantially paired against the loss in revenue. Thus the net effect of a reduced fare plan on a transit system's financial situation might be small and in some unusual circumstances might even be a gain.

A methodology applicable to both bus and rail transit routes has been developed for estimating the effect of traffic changes by the elderly on both transit system revenues and costs, considering the possibility of revising schedules if traffic shifts are significant. It has been developed considering the practical restrictions that it must be easy to understand and use, must make use of readily available transit cost information, and should be simple enough to use with manual computation. Such a methodology has been developed and applied to example routes and has been documented as both a manual procedure and a computer program. These are presented in the final report.

In developing this methodology it became apparent that information regarding the changes in rides by the elderly on a transit route must be known to accurately evaluate effects. Specifically, information is needed on the total number of rides the elderly take before and after institution of a plan and on the shift in rides in the peak period to the base period. Unfortunately, most surveys of the actual effect of reduced fare plans on the travel habits of the elderly have either not been concerned with all of these details of transit traffic changes or the study design was such that few accurate statements regarding the actual changes at this level of detail could be made. If an accurate and defensible assessment of the effect of a fare plan for the elderly on the various affected groups is to be made, better information regarding changes in trips by the elderly is absolutely essential. This research provides a basis for specifying exactly what kinds of information are necessary and with what degree of accuracy, and thus provides the basis for developing specifications for the gathering of accurate information on before- and after-plan transit riding.

THIS RESEARCH MAKES CLEAR that the effects of a reduced fare plan for the elderly on transit system users as well as operators can be estimated. The general methodology for performing the estimate, using existing or readily obtained information on specific transit system routes, has been developed and applied to examples. However, to yield accurate estimates of effects, this methodology requires information on transit riding changes that often has not been gathered in sufficient detail in past programs. This methodology should contribute to the accurate assessment of the benefits and costs of reduced fare programs for the elderly.

RESEARCH NOTES

From the 1970 Census

Population Growth and Decline of Major Cities, 1960-70

ONLY HALF the 26 U.S. cities with populations of 500,000 or more in 1970 had increased in population since the 1960 Census. The other half registered declines. The population of the 26 cities combined rose from 30.6 to 31.8 million over the intercensal decade. The net increase of about (1.2 million) 3.7 percent was only little more than a fourth of the proportional increase (13.3 percent) for the Nation as a whole. Thus the proportion of the Nation's population living in the 26 cities combined dropped from 17.1 percent in 1960 to 15.6 percent in 1970.

The combined population of the 13 cities that had grown increased from 16.1 to 18.2 million from 1960 to 1970, or by 12.9 percent. Only one of them (Houston) passed the million mark during the decade, but seven rose above the half million level (Indianapolis, Memphis, Phoenix, Columbus, Jacksonville, Denver, and Kansas City, Mo.). As shown in the table, the intercensal population increases ranged from 1.5 percent for New York City and 4.2 percent for Denver to 56.3 percent for Indianapolis and 163.1 percent for Jacksonville. With the exception of Los Angeles, which increased by 335,000, or 13.5 percent, the big numerical increases occurred among the cities with the higher percentage gains.

The combined population of the 13 cities that declined dropped from 14.5 to 13.6 million, or by 6.5 percent, from 1960 to 1970. Washington had the smallest proportional decrease (7,000, or 1 percent) and St. Louis had the largest (128,000, or 17 percent). Comparatively small decreases (2.7-3.5 percent) were recorded by Philadelphia, Milwaukee, San Francisco, and Baltimore; somewhat larger percentage decreases (4.7-5.4 percent) were recorded by Seattle, Chicago, and New Orleans. Boston and Detroit lost almost a 10th of their populations (9.1 and 9.5 percent) over the 10-year period; Pittsburgh, Cleveland, and St. Louis lost substantially more (13.9-17 percent). In sheer numbers, the big losers (84,000-183,000) were Pittsburgh, Cleveland, St. Louis, Detroit, and Chicago.

Population growth and decline of major cities, 1960-70

City	1970 Population		Change 1960-70	
	Number (000)	Rank	Number (000)	Percent
United States Total	203,185	--	23,862	13.3
Jacksonville	529	23	328	163.1
Indianapolis	745	11	268	56.3
Phoenix	582	20	142	32.4
Houston	1,233	6	295	31.4
Memphis	624	17	126	25.3
Dallas	844	8	165	24.2
San Diego	697	14	124	21.6
Columbus (Ohio)	540	21	68	14.5
Los Angeles	2,814	3	335	13.5
San Antonio	654	15	66	11.3
Kansas City (Mo.)	507	26	32	6.7
Denver	515	25	21	4.2
New York City	7,896	1	114	1.5
Washington	757	9	-7	-1.0
Philadelphia	1,949	4	-54	-2.7
Milwaukee	717	12	-24	-3.2
San Francisco	716	13	-25	-3.3
Baltimore	906	7	-33	-3.5
Seattle	531	22	-26	-4.7
Chicago	3,367	2	-183	-5.2
New Orleans	593	19	-34	-5.4
Boston	641	16	-56	-9.1
Detroit	1,511	5	-159	-9.5
Pittsburgh	520	24	-84	-13.9
Cleveland	751	10	-125	-14.3
St. Louis	622	18	-128	-17.0
Total, 26 cities	31,759	--	1,145	3.7

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BOOK NOTES

Associative Humanitarianism and the Deserving Poor

Poverty in New York, 1783-1825, *by Raymond Mohl. (New York: Oxford University Press), 1971, 318 pp., $8.50.*

RAYMOND MOHL'S STUDY of poverty and welfare in New York City is bound to evoke a frustrating sense of the timelessness of America's poverty "crisis." Judging from the author's statistics, the Nation's largest city has had a very serious poverty problem since the 18th century. Unfortunately, the book could not be a history of the poor people of New York because they left almost no record. It is based on wide research in the surprisingly voluminous material left by those middle and upper class citizens who took an interest in the welfare of the poor.

Public officials took seriously, but often somewhat tardily, their responsibilities to the poor of the city. New York's first almshouse, built in 1736 to accommodate 24 persons, was continually expanded in an attempt to keep up with the rising numbers of paupers. By 1796, jammed with 770 people (more than double its capacity) and in "Ruinous Condition," it was finally replaced with a new edifice at a cost of $130,000. In less than two more decades, a third and larger almshouse had to be built at a cost of $421,109. In addition to almshouse expenditures, the municipality provided very large amounts of outdoor relief (cash payment or payment in kind) to the poor, the sick, and the unemployed, whose ranks swelled during depressions, epidemics, and hard winters. Total annual expenditures for the poor represented the largest single item in the municipal budget from the close of the Revolution to 1825—generally a fifth to a quarter of the total disbursements.

Raising sufficient revenue for welfare expenditures pitted the city against its own taxpayers and the State legislature—an unequal struggle from the start. To meet the increasing burdens of welfare in the 1790's, the State passed a 1 percent tax on auction sales in the city to raise money specifically for dependent immigrants who, municipal efforts to the contrary, kept finding their way into the city. As trade revived after the War of 1812, revenues from these auctions poured into the welfare account, but the State legislature, typically, diverted all but $10,000 of the funds to other uses. Soon after, in 1817, a sharp depression struck, sending unemployment up and forcing the city to spend $125,045 to support an estimated 15,000 persons.

Poverty on such a scale could not escape the attention of responsible citizens. Mohl provides a detailed examination of the numerous organizations that ministered to the unfortunate with an increasing variety of welfare services. In this way "associative humanitarianism," as he calls it, filled in the large gaps left by the municipal welfare system. This private network operated more effectively than individual almsgiving and proved more efficient in combating welfare abuses—an issue constantly cropping up in the proceedings of the societies.

The bases for screening welfare recipients became fairly standardized by the opening of the 19th century. Relying on public meetings of concerned citizens to gather funds and volunteers, charity workers visited prospective recipients of relief to determine if they were truly in need and deserving of succor. For those fortunate enough to pass this scrutiny, goods were distributed or admission secured to one of the many philanthropic institutions built during the three decades after the Revolution. Indeed, the low brick skyline of New York must have been rather heavily dotted with soup kitchens, dispensaries, hospitals, old people's homes, refuge houses, and sundry asylums—visible signs of the community's concern for its "deserving" poor.

Students of social welfare history will be interested in Mohl's description of community attitudes toward poverty and relief—attitudes he found in steady transition between 1800 and 1820:

> **The social and religious attitudes which sustained humanitarian activity shifted markedly in the early nineteenth century. In immediate post-Revolutionary years, the idea of benevolence as heavenly ordained motivated New Yorkers. They believed poverty a result of divine intention and looked upon charity as a Christian duty. But by the 1820's, humanitarian spokesmen had adopted harsh, moralistic positions on the causes of poverty and the efficacy of private charity and public relief. Charity reformers blamed poverty on the poor. Solutions for economic de-**

pendency increasingly became schemes for moral improvement. Philanthropic societies accompanied relief with moral indoctrination; many abandoned relief altogether for religious exhortation. Urbanization, immigration, and economic advancement combined to upset traditional eighteenth-century society and threatened to destroy urban order. As social and economic change affected the growing city, the urban leadership group turned humanitarianism into an efficient technique of social control and moral stewardship. Gradually, but unmistakably, moralism superseded benevolence as an activating humanitarian force. . . . Clearly, unadulturated benevolence motivated most humanitarians at the turn of the century. But just as clearly, moralism prevailed by 1820 (pp. 159-62).

The attitude and actions of the city's public and private welfare institutions shifted to moral instruction through the free public schools, the urban missionary societies, the temperance movement, and, most nearly comprehensively, in the New York Society for the Prevention of Pauperism. Mohl presents each of these movements in detail as evidence of a general attempt to impose bourgeois, WASPish morality and orderliness on classes of people whose condition of life evoked both pity and fear.

The assertion that this shift occurred in the relatively short space of 20 years certainly appears to be correct (even though the charitable impulse has survived as a minor note down to the present moment). The history of American attitudes towards poverty in the 19th and 20th centuries indicates an oscillation between the poles of sympathetic charity and harsh moralism, the latter attitude generally edging out the more "sentimental" approach. The sentiment of Christian charity may not, in fact, have been particularly humane in 1800. Mohl suggests that a number of New Yorkers believed poverty was divinely created so that the benevolent would have a means of displaying their charity. The idea that the poor are with us to act as tools for philanthropists comes so close to total dehumanization as to make the new moralism almost a positive improvement.

To explain why this shift occurred in the first two decades of the 19th century, Mohl cites the growing size and increasing ethnic diversity of the city, which "after 1800 destroyed the sense of community that characterized the 18th century city (p. 163)." Though it is true that the city's population doubled in the years 1800-20 (from 60,000 to 123,000), it had almost tripled between 1786 and 1800. Also, the city was not inundated with immigrants during the 1800-20 period. Eighteenth century New York had always been quite cosmopolitan, and though there were a few years of heavy immigration, the period 1800-20 is generally notable for the retardation of the flow because of the European wars. Perhaps there is some magic number beyond which a city (or cities at some particular stage in their historical evolution) can no longer operate as a viable community, at which point the upper classes begin treating their less fortunate neighbors as abstract problems rather than as human beings.

Directly responsible for the growth of moralism, Mohl thinks, was the relentless rise in the numbers of poor people and the increasing frequency of welfare crises. Taxpayers and almsgivers were hit harder each year, opening their minds to the consideration of new theories of poverty and welfare which might prove more effective and less costly. Interestingly, Mohl notes that New Yorkers became familiar with the writings of Malthus, Ricardo, and Patrick Colquhoun (one of the leading English advocates of moralistic poor law reform in the first two decades of the 19th century) during these years and were thus provided with a highly respectable scientific rationale for ending direct gifts of money and goods to the poor.

The influence of English poverty thought on New Yorkers is also very interesting. As we now know from J. R. Poynter's recent study, *Society and Pauperism* (reviewed in the March-April 1970 issue of *Welfare in Review),* the years 1795-1805, 1815-20, and 1830-34 were periods of very intense debate and publication over the question of reforming or abolishing the poor laws in England—the first two periods coinciding rather closely with the dates given by Mohl for the change in New York. Mohl found extensive correspondence between the New York Society for the Prevention of Pauperism and Patrick Colquhoun. Is it possible that New Yorkers, persuaded by English reformers (reacting to a far more serious poverty problem than existed in America), believed we too would soon degenerate to the English condition if we did not recognize that pauperism was rooted in laziness, vice, and criminality? The question is only answerable, perhaps, by appeals to one's fundamental concepts of societal change. Is it the objective conditions themselves or man's oft-distorted perception of them that form a major basis for his actions?

Poverty in New York reveals that by the 1820's the city's leaders appeared to be in remarkable agreement concerning the causes and cures of poverty. Rather than wringing their hands over the growing problem, they resolutely set about the task of founding societies, recasting the laws, and erecting a variety of institutions they believed would solve the problem. Shoulder to shoulder these civic leaders marched confi-

dently off in the wrong direction. It is little wonder that Tocqueville's America of the 1830's, the most fortunately endowed nation in the world, prided itself on its array of institutions that would overcome all problems–including the last vestiges of American poverty. In fact, of course, the Nation was on the eve of an industrial-urban transformation that was to needlessly subject millions of its citizens to lives of hopeless poverty and dependence right down to the present day. Raymond Mohl provides a concrete example of how deeply rooted in our urban past are the realities of poverty in the midst of comfort and searches out the origins of the mythology that has allowed this poverty to persist in the midst of our immense affluence.

JOSEPH ARNOLD

Researcher's Find

Readings in Evaluation Research, *Francis G. Caro, ed. New York: Russell Sage Foundation, 1971, 418 pp., $12.50. Available from Basic Books, Inc., 404 Park Avenue South, New York, N.Y. 10016.*

BECAUSE IT ORGANIZES, summarizes, and illustrates a relatively new field of social work practice much in need of pulling together–evaluation research–this volume should soon become an indispensable tool for the practitioner as well as a standard text for the graduate student. As Howard A. Freeman points out in his perceptive foreword, it is a "companion volume" to the late Edward Suchman's *Evaluative Research*, a book that has been a landmark in this rapidly developing field since it was published in 1967.

The most helpful part of the present volume is Caro's tightly written introductory chapter, "Evaluation Research: An Overview." (Substantially the same material is contained in two articles by Caro: "Approaches to Evaluative Research: A Review," *Human Organization*, 28, 1969, pp. 87-99, and "Issues in the Evaluation of Social Programs," *Review of Educational Research*, 41, No. 2, 1971, pp. 87-114.) In it he masterly surveys the field under the topics of basic issues, the organizational context, and methodological issues. In the framework of these broad topics, he fits 21 carefully chosen articles and, in a fourth section, includes 10 "case materials"–all excellent examples of how evaluation research has been carried out in specific situations. In addition, he provides succinct two-page introductions to each section.

In many respects this is a self-contained book, for one can gain from reading it as nearly adequate a familiarity with evaluation research as can be had from any one book. It would have been helpful if Caro had noted in his "Overview" which of the references are to articles contained in the book, but this omission is not a serious flaw.

The leitmotiv of this books is summed up in Caro's preface:

> A bias built into the volume is its consistent sympathy for programs of directed change and the contribution of evaluation research to those programs. It is assumed that social researchers can resolve the ethical questions that may be raised about their professional participation in programs of directed social change, particularly when no more can be expected than gradual and moderate change.

The general tone of the book can be heard in these excerpts from "Concluding Thoughts" in Caro's "Overview:"

> Clearly, evaluative research is an activity surrounded by serious obstacles.... Yet, there is a strong argument for emphasizing evaluative research in social programming. This country spends enormous amounts for social service programs [including health and education and welfare, he might have added]....Evaluative researchers can take a number of steps on their own to improve their contribution to program development.... If, however, evaluative research is to make its full contribution, substantial changes must be made in society's overall approach to social programming (pp. 27-28).

Some idea of the contents of this field may be gained from noting the subjects that received the greatest emphasis (judging by how frequently they are mentioned in the subject index): administrator-evaluator relationships, confidentiality, control groups, designs, effects, findings, goals, the Hawthorne effect, measurement, and program accounting.

The principal contributors (judging from the name index) include Chris Argyris, Allen H. Barton, Donald T. Campbell, F. Stuart Chapin,* James S. Coleman, Amitai Etzioni, Howard E. Freeman, Gene V. Glass, Herbert Hyman, Paul F. Lazarfeld,* Rensis Likert,* Theodore Newcomb,* Henry Riecken, Hyman Rodman, Peter Rossi, Michael Scriven, Julian C. Stanley, Edward Suchman, and Charles R. Wright. It is an indication of the relative youth of the leaders in the field that (according to *American Men of Science)* all but those starred were born after 1916 and one was born in 1930.

ANYONE EITHER CONDUCTING or expecting to conduct evaluative

research should, as a well-known collect in the *Book of Common Prayer* goes, "read, mark, learn, and inwardly digest" this sound and useful book of readings, with its excellent overview.

STEPHEN C. CLARK, III

Puritanical and Romantic Charity in Boston

Protestants Against Poverty: Boston Charities, 1870-1900, *by Nathan Irvin Huggins. Westport, Conn.: Greenwood Publishing Corp., 1971, 225 pp., $10. (Contributions in American History, Number Nine.)*

NO PREVIOUS HISTORY of social welfare gets closer to the poor and the destitute themselves than this analysis of Boston's major voluntary agencies during the late 19th century. Huggins' book has other strengths (and some weaknesses), but its greatest value arises from his recognition that the receivers of welfare are, after all, as essential to a well-rounded study as are the givers.

It is, of course, no easy task to capture the world of the poor. Psychologists and sociologists investigating the current "culture of poverty" attest to its difficulty. For the historian the difficulty is compounded by the fact that he is not only dealing with the dead—the usual handicap of his craft—but also with a lack of documentation, because the poor, unlike the rich, leave few records. Probably the largest body of descriptive material about the poor is contained in the archives of social welfare agencies. The rich write their own letters and diaries, but the case histories of welfare recipients are written not by them but by their would-be benefactors. Inevitably, the evidence is biased. In skilled hands, however, some essence of reality can be obtained from admittedly inadequate data.

Huggins shows such skill. What better proof could we have of the unhappiness of a little boy removed by the children's agency from the "evils" of the city to the wholesome country air than the child's wistful remark, "How I like the smell of that pipe; it smells so of Boston!" Or of the desperation of a little girl separated from her mother than the child's attempted suicide? And, in a truly moving passage, Huggins evokes the feeling of a poor woman facing the "solutions" to her problems advanced by the friendly visitor from the family welfare agency:

> Yes, if the man didn't drink, there would be more money, he could work more regularly, he would stay home more, and he would be less vicious and brutal, but how can you stop a man, except to nag or threaten to leave? Leave? Go where and for what?

Huggins provides a less unusual but nevertheless valuable insight into the attitudes and practices of the leaders of voluntary charities. In these men and women of upper class Boston, the Puritan conscience underlay 19th century romanticism; religiosity; and belief in progress, self-perfection, and social obligation. They felt called to community service. The rub was that their prescriptions for helping the poor, however sincere and well-meaning, were by-and-large handed out on the basis of faulty diagnoses.

Post-Civil War Boston, highly industrialized, flooded with poor immigrants who were mostly Catholic, was simply no longer a community. It was, in Huggins' word, "fragmented:"

> There were enough people of wealth and good intention in Boston. There never seemed to be a shortage of those who wanted to do good. But it took more than a trip across town and the helping hand to touch the poor. Changes in the society made the human distance greater between the rich and the poor than the geographic distance between their homes. Poor people were not merely rich people with less money, ability, and opportunity. In many ways they were in different societies altogether.

Protestants Against Poverty provides a fairly good picture of these two societies. As noted, it is strong in capturing the spirit of the Boston Brahmins and the resignation of the poor. It is weak in conveying the character and size of the problem of poverty and economic dependency. Even a few statistics would have supplied this missing dimension. But Huggins gives none.

About the reviewers . . . .

Dr. Arnold is in the Department of History, University of Maryland Baltimore County.

Dr. Clark is a Social Science Research Analyst in the Division of Intramural Research; Office of Planning, Research, and Training; Social and Rehabilitation Service; U.S. Department of Health, Education, and Welfare.

Miss Coll is a Historian in the Division of Intramural Research.

The book would have been further strengthened by an adequate discussion of the public welfare agency, the Boston Overseers of the Poor. For a full picture of "charity" in Boston at that time, we need much more information about the interrelationships between public and private charities, about divisions of responsibility, about differences in attitudes, if any. It is regrettable that Huggins did not seize the opportunity to explore these questions.

My only other major quarrel is with the book's title. There is nothing in the text to suggest that Boston's Protestants were contending against *poverty*. On the contrary, this study strongly underlines what other histories have shown: charitable "reforms" were aimed against *pauperism*—the 19th century word for dependency.

Nevertheless, this is an admirable study. Huggins' research is impressive. He has examined the records of all the leading family and child welfare agencies—both those founded early in the century during the first wave of reform and those founded after the Civil War: the Industrial Aid Society (1835), offering employment service (job-finding and referral); the Provident Association (1851), offering relief and social services modeled on the Associations for Improving the Condition of the Poor; the Associated Charities (1879), offering relief and social services modeled on the Charity Organization Societies; the Female Asylum (1801), offering temporary shelter for girls followed by indentured service; the Children's Friend Society (1833), offering temporary shelter and industrial training; the Boston Asylum and Farm School (1835), offering agricultural and industrial training for boys; and the Children's Aid Society (1865), offering rehabilitation for problem children through foster care and other services.

HUGGINS HAS ORGANIZED his material well, and his style of writing is clear and forceful. One other plus must be added. His book is short, a fact that should make it possible for busy policymakers, administrators, and practitioners to read it and profit from the insight it provides into the recurrent economic and social problems that have ever been the concern of social welfare agencies.

BLANCHE D. COLL

NEW PUBLICATIONS

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Publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on orders of 100 or more). Payment must accompany order. Single copies of unpriced publications are available from the issuing agency.

SOCIAL AND REHABILITATION SERVICE

National Center for Social Statistics

Assessments completed and referrals to manpower agencies by welfare agencies under work incentive program for AFDC recipients, October-December 1970. Report E-5 (10/12/70), 3 pp. text, 8 tables. Provides data on welfare aspects of the work incentive program (WIN) for AFDC recipients during October-December 1970.

Public assistance statistics, April 1971. Report A-2 (4/71), 23 pp. Presents data on services provided to public assistance recipients in April 1971.

Source of funds expended for public assistance payments: calendar year ended December 31, 1970. Report F-1 (CY 70), 11 tables. Presents data on source of money payments to public assistance recipients.

Youth Development and Delinquency Prevention Administration

Law as an agent of delinquency prevention, by Ted Rubin. 1971, 60 pp., 35 cents. Presents a guideline for using the law as a primary agent to help prevent delinquency.

Assistance Payments Administration

Characteristics of State public assistance plans under the Social Security Act: general provisions—eligibility, assistance, administration. (PA Report 50) 1970, 134 pp., $1.50. Presents information about the Federal-State public assistance programs under the Social Security Act.

(and) Medical Services Administration

Characteristics of State medical assistance programs under title XIX of the Social Security Act. (MSA, PA Report 49) 1970, 398 pp., $3.75. Provides information about the groups of people eligible for coverage, the medical services provided, and the administrative pattern of the Medicaid program in each State.

SOCIAL SECURITY ADMINISTRATION

Office of Research and Statistics

Blood utilization by hospital inpatients under Medicare, 1969 and 1970, by Harry L. Savitt, Division of Health Insurance Studies. Report No. HI-28, July 1971, 7 pp. Presents data on blood utilization by Medicare patients for 1969-70.

Federal grants to State and local governments, 1969-70, by Sophie R. Dales, Interprogram Studies Branch, Division of Economic and Long Range Studies. Note No. 9-1971, Aug. 1971, 3 pp. Lists all grants paid to the States and localities in 1969-70.

NON-GOVERNMENT

Direct inquiries and orders to the publisher or issuing agency.

Appalachia's children: the challenge of mental health, by David H. Looff. University of Kentucky Press (Lafferty Hall, Lexington, Ky. 40506), 1971, 186 pp., $7.50. Suggests ways of helping Appalachian children bridge the gap between their subculture and the mainstream of American life.

The emerging woman: the impact of family planning, Martha Stuart and William T. Liu, eds. Little, Brown & Co. (34 Beacon St., Boston, Mass. 02106), 1970, 329 pp., $11.50. Reports the transcript of a conference attended by experts in sociology, religion, business management, anthropology, welfare, education, and psychology who considered some of the important problems pressing the modern woman.

Family process, Nathan W. Ackerman, ed. Basic Books, Inc. (404 Park Ave., So., New York, N.Y. 10016), 1970, 431 pp., $10. Presents selected papers from the periodical *Family Process,* from 1962 through the spring of 1970, concerning theory, practice, and research.

Juveniles on parole: a sociological perspective, by William R. Arnold. Random House (30 W. 60th St., New York, N.Y. 10023). 1970, 177 pp., $6.95. Analyzes that part of the correctional system concerned with delinquents who have been paroled from a residential treatment center.

Manpower planning and the development of human resources, by Thomas H. Patten, Jr. John W. Wiley & Sons, Inc. (605 3d Ave., New York, N.Y. 10016), 1971, 737 pp., $21.95. Discusses quantitative methods of planning manpower needs and qualita-

tive methods of training and developing employees in organizations of all sizes.

A national program of comprehensive child welfare services, by the Child Welfare League of America (44 E. 23d St., New York, N.Y. 10010). 1971, 48 pp., $2. Presents guidelines for creating a community child welfare system so that children and families may receive services they need, want, and are entitled to.

A national social policy statement, by National Council for Homemaker-Home Health Aides Services. The Council (1740 Broadway, New York, N.Y. 10019), 1971, 10 for $1; single copies free. Contains information about health and welfare programs available in the field of homemaker services.

On relief: the economics of poverty and public welfare, by Bruno Stein. Basic Books, Inc. (404 Park Ave., So., New York, N.Y. 10016), 1971, 211 pp., $6.95. An economist presents a comprehensive survey and critical analysis of the historical evolution, politics, and economic logic of frequently contradictory laws and programs devised to aid the Nation's dependent poor.

Regulating the poor: the functions of public welfare, by Frances Fox Piven and Richard A. Cloward. Pantheon Books, Inc. (437 Madison Ave., New York, N.Y. 10022), 1971, 389 pp., $10. Presents an analysis of the economic and political forces that control the rise and fall of the public assistance caseload.

Rehabilitating the mentally ill in the community: a study of psychosocial rehabilitation centers, by Raymond M. Glasscote and others. American Psychiatric Association and the National Association for Mental Health (1700 18th St., N.W., Washington, D.C. 20036), 1971, 214 pp., $6. Notes trends toward providing rehabilitation programs in the community, discusses problems and practicalities of developing them, and describes six case studies.

Resource book on financing homemaker-home health aid services, by National Council for Homemaker Services, Inc. The Council (1740 Broadway, New York, N.Y. 10019), 1971, 150 pp., members, $15; nonmembers, $25. Gives information on voluntary and governmental sources of support for homemaker-home health aide services.

Salaries and related personnel practices of voluntary social and health agencies in New York City, September, 1970, by the Research Department, The Community Council of Greater New York. The Council (225 Park Ave., So., New York, N.Y. 10003), 1970, 46 pp., $3. Presents an analysis of salaries in voluntary agencies and compares their salary rates with those for similar positions in municipal agencies.

Stages of social research: contemporary perspectives, Dennis P. Forcese and Stephen Richer, eds. Prentice-Hall (Englewood Cliffs, N.J. 07632), 1970, 422 pp., $8.95. Presents papers on research methods and interpretations.

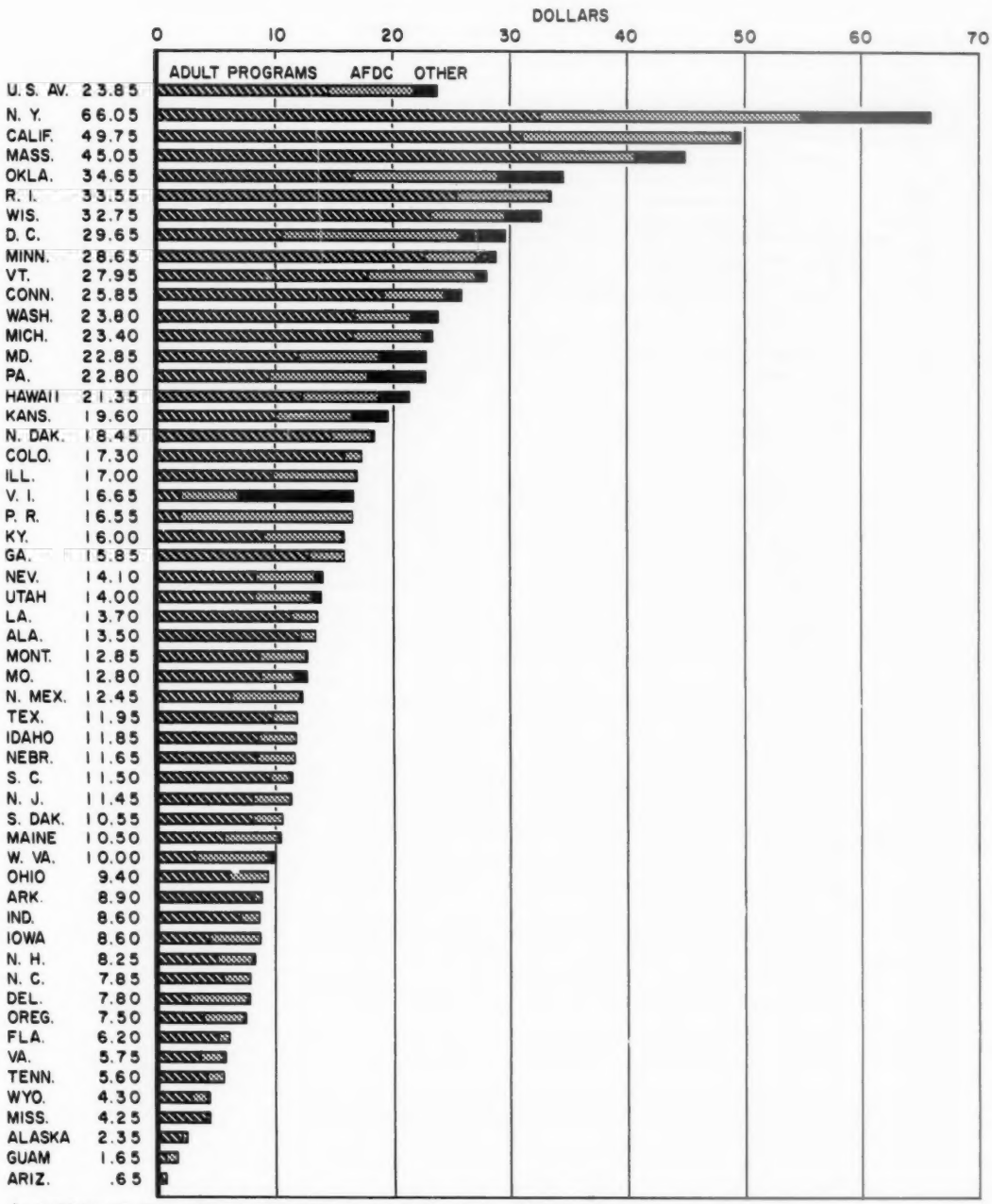
Systematic thinking for social action, by Alice M. Rivlin. The Brookings Institution (1775 Massachusetts Ave., N.W., Washington, D.C. 20036), 1971, 150 pp., $5.95. Examines the contribution that systematic analysis has made to decisionmaking in government's social action programs in such fields as education, health, manpower training, and income maintenance.

Transitional facilities in the rehabilitation of the emotionally disturbed, by Robert E. Sinnett and Angela D. Sachson. University of Kansas Press (Lawrence, Kan. 66044), 1970, 302 pp., $8.50. Describes various planned social environments, research, and evaluation studies of rehabilitation programs.

Understanding drug use: an adult's guide to drugs and the young, by Peter Marin and Allan Y. Cohen. Harper & Row Publishers (49 E. 33d St., New York, N.Y. 10016), 1971, 163 pp., $5.95. Discusses the motivations of American adolescents using drugs and tries to find solutions to fit the problems of the time and place.

Welfare and income in New York City, by Blanche Bernstein. Center for New York City Affairs, New School for Social Research (72 Fifth Ave., New York, N.Y. 10011), 1971, 34 pp., $1.50. Reviews the public assistance caseload in New York City and attempts to improve public understanding of important aspects of the program.

AMOUNT EXPENDED PER INHABITANT 1/ FOR MEDICAL ASSISTANCE, 2/ BY BASIS OF ELIGIBILITY, 3/ FISCAL YEAR 1970



1/ BUREAU OF THE CENSUS, 1970 CENSUS OF POPULATION REPORT, PC(VI)-1.
2/ EXCLUDES GENERAL ASSISTANCE.
3/ DISTRIBUTION BY BASIS OF ELIGIBILITY ESTIMATED.

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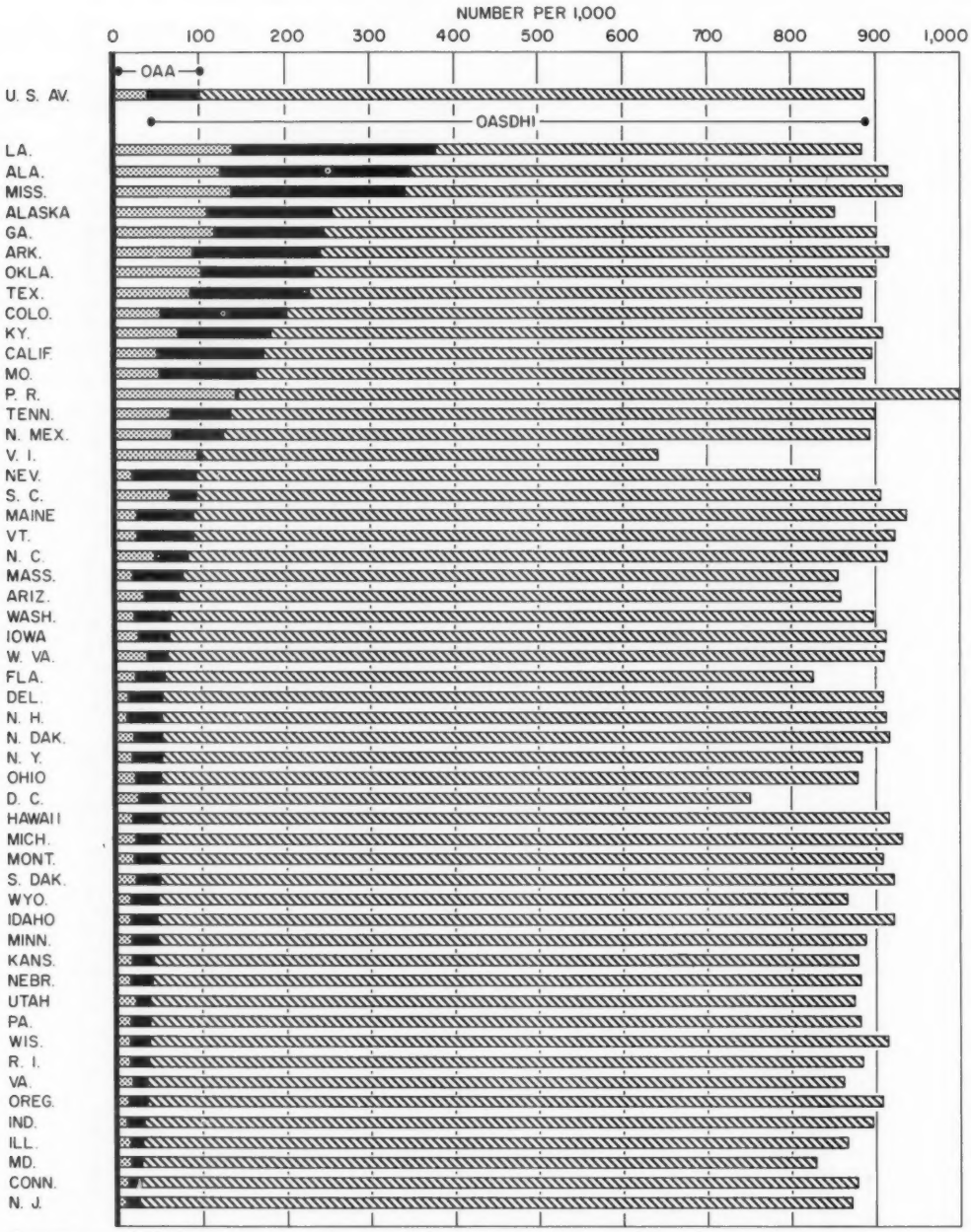
PERSONS AGED 65 OR OVER RECEIVING OAA PAYMENTS, OASDHI CASH BENEFITS, OR BOTH, PER 1,000 POPULATION AGED 65 OR OVER, BY STATE, FEBRUARY 1971 1/



1/ DOES NOT INCLUDE GUAM; DATA NOT REPORTED. MASSACHUSETTS DATA FOR FEBRUARY 1970.

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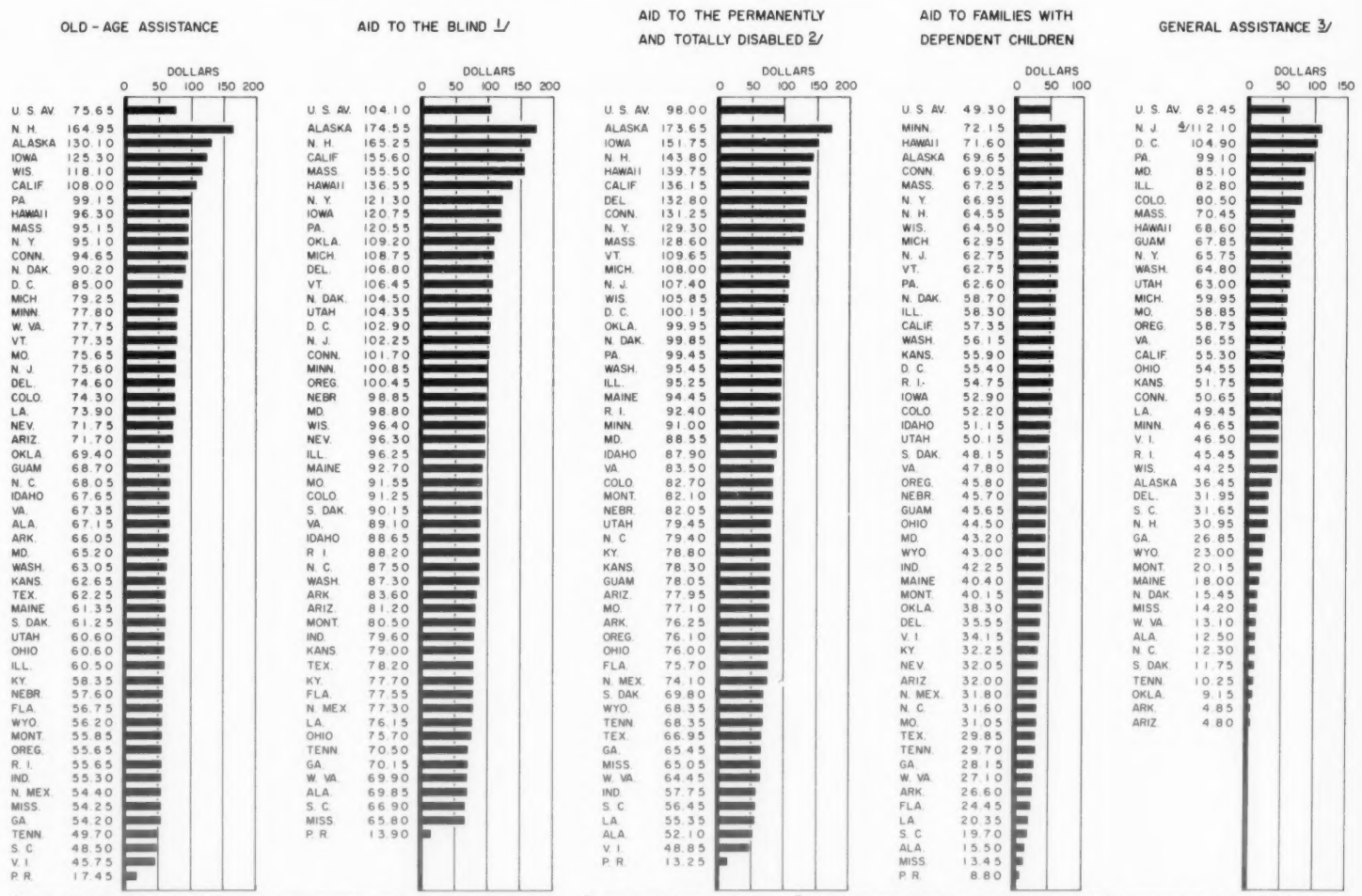
AVERAGE MONTHLY PUBLIC ASSISTANCE MONEY PAYMENT PER RECIPIENT, JUNE 1971



1/ NOT COMPUTED FOR GUAM, VIRGIN ISLANDS, AND WYOMING; FEWER THAN 50 RECIPIENTS. 2/ NO PROGRAM FOR NEVADA. 3/ NOT COMPUTED FOR FLORIDA, IDAHO, INDIANA, IOWA, KENTUCKY, NEBRASKA, NEVADA, NEW MEXICO, PUERTO RICO, TEXAS, AND VERMONT; DATA NOT AVAILABLE. 4/ BASED ON DATA, INCLUDING AN UNKNOWN NUMBER OF CASES RECEIVING MEDICAL CARE, HOSPITALIZATION, AND BURIAL ONLY, AND TOTAL PAYMENTS FOR THESE SERVICES.

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